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VICTIM JUSTICE: A NEW BALANCE

MASSACHUSETTS ANNUAL VICTIM RIGHTS CONFERENCE

APRIL 23, 1991

9:00 - 4:00

The Park Plaza Hotel, Boston, MA

Sponsored by:

The Massachusetts Victim and Witness Assistance Board

with
The Massachusetts Department of the Attorney General
The Office of the United States Attorney for Massachusetts
Romano & Associates

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VICTIM JUSTICE: A NEW BALANCE

1991 Massachusetts Victim Rights Conference
Park Plaza Hotel, Boston, MA

AGENDA

8:15 - 9:00	Registration
9:00 - 9:30	Introductory Address
9:30 - 10:15	Keynote Address: Victim Justice: Emerging Issues
10:15 - 10:30	Break
10:30 - 12:00	Morning Workshops: (see workshop description) - Responding to Violence on College Campuses - Preventing Violence in a Violent Society - Working With Victims on Violence: The Impact on Victim Service Providers
12:00 - 2:30	Luncheon and Afternoon Plenary Keynote Address A New Balance: The Constitutional Amendment for Victim Rights Awards Presentation
2:30 - 4:00	Afternoon Workshops (see workshop description) - Targets of Hate Crime: Current Trends - Responding to Communities in Crisis - Civil Remedies for Crime Victims

CONFERENCE WORKSHOPS

MORNING WORKSHOPS

RESPONDING TO VIOLENCE ON COLLEGE CAMPUSES

The recent passage of state and federal legislation mandating the reporting of campus crimes highlights the growing concern over violence on our college campuses. This workshop will focus on the impact of the new "Clery" legislation, and on the role of campuses in responding to crime victims, including campus security issues, the "hidden" campus crimes of acquaintance rape and battering, college disciplinary system response to violent crime, and civil liability issues for campuses

PREVENTING VIOLENCE IN A VIOLENT SOCIETY

Victim assistance programs must inevitably be linked to violence prevention efforts, if progress is to be made towards reducing the impact of crime victimization in our society. This panel will focus on primary prevention efforts in our schools and communities, and on secondary violence prevention models such as MADD's Victim Impact Panels.

WORKING WITH VICTIMS OF VIOLENCE: THE IMPACT ON VICTIM SERVICE PROVIDERS

"Vicarious traumatization" is the impact on the care-giver when working with victims of trauma. This panel will address the impact on victim-serivces professionals working with victims of violent crime, focusing also on victims as victim-service providers, and on the challenges of working in chronically violent communities. The panel will also address victim service providers' response to issues of staff stress and burnout, particularly where difficult fiscal times may mean higher caseloads and personnel turnover.

AFTERNOON WORKSHOPS

TARGETS OF HATE CRIMES: CURRENT ISSUES

Arabs/Arab-Americans, Jews, and people with AIDS are among the population groups currently experiencing increased victimization as targets of hate-motivated crime. Panelists will address the current climate of hate-motivated violence, efforts underway to assist these victims and communities affected by hate crimes, legal remedies and resources for victims, and the anticipated impact of the new Hate Crimes Statistics Act.

INTERVENTIONS WITH COMMUNITIES IN CRISIS

This workshop will explore the impact of traumatic events on communities and groups. A panel of experts and clinicians who work with communities in the aftermath of violent and traumatic events will review model programs which provide community crisis response and trauma services to schools, universities, work places and emergency personnel. Speakers will discuss community crisis response and intervention techniques such as critical incident debriefing and peer crisis response.

CIVIL REMEDIES FOR CRIME VICTIMS

Crime victims are increasingly looking towards civil legal action for redress for their victimization, through suits against the offender or against a third party. Attorney Frank Carrington, one of the nation's foremost experts on civil litigation on behalf of crime victims, will lead this panel discussion, which focuses on civil remedies for victims of such crimes as sexual assault, drunk driving, and families of homicide victims, and will address civil liability issues for college campuses, employers, hotels and landlords, and others.

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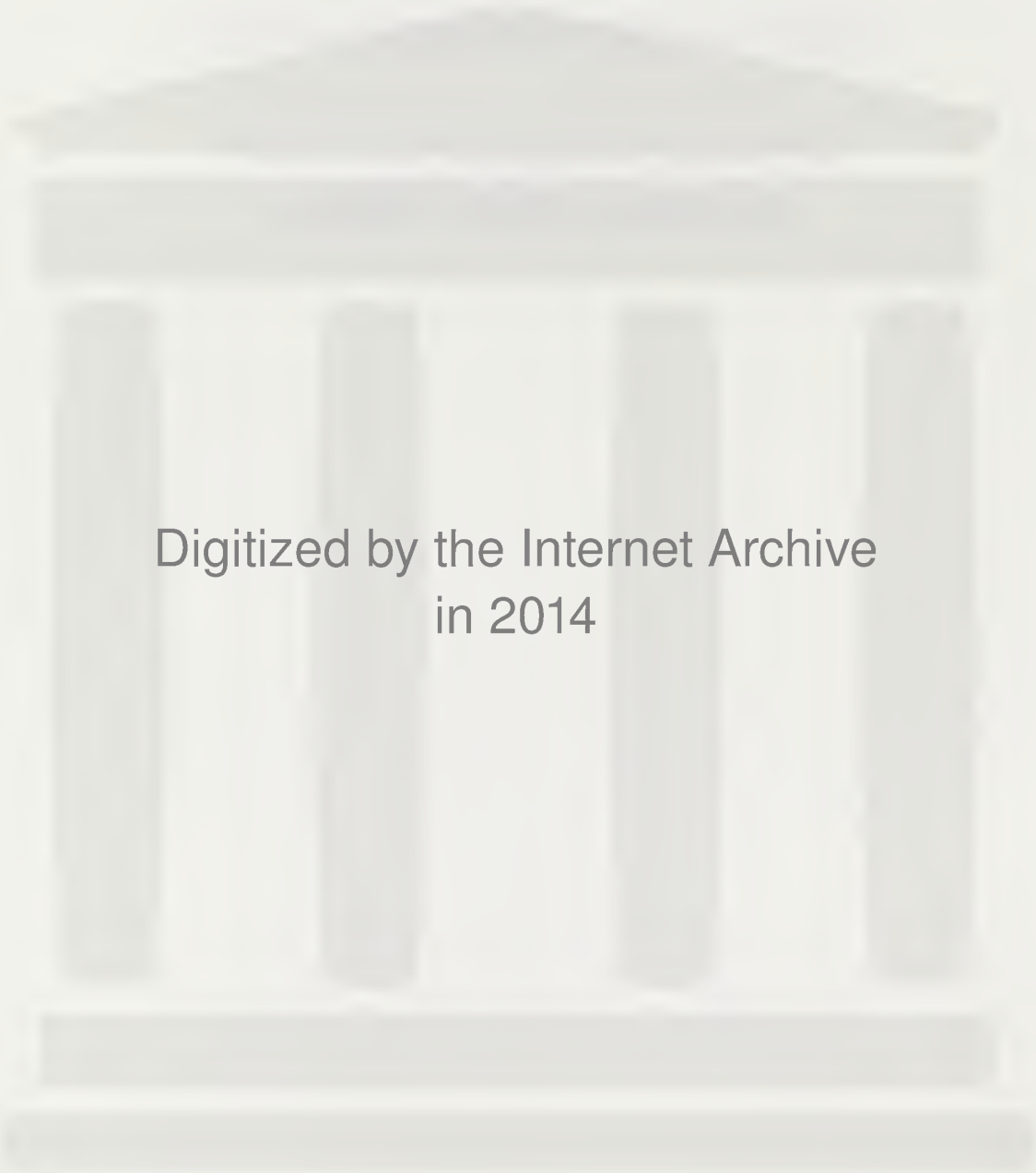
Victim Justice: Emerging Issues

A Constitutional Amendment for Crime Victim Rights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A PROPOSED CONSTITUTIONAL AMENDMENT FOR VICTIMS' RIGHTS

"Victims of crime are entitled to certain basic rights, including the right to be informed of, to be present at, and to be heard at all critical stages of the criminal justice process, to the extent that these rights do not interfere with the constitutional rights of the accused.

The Legislature is authorized the enforce the amendment by appropriate legislation."

--Adopted by the Victims' Constitutional Amendment Network Steering Committee

February, 1987

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FOR VICTIM ASSISTANCE®

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St. Louis, MO

Michael C. Turpen, Esq.
Oklahoma City, OK

Fact Sheet On The Proposed Constitutional Amendment

1. What Is The Proposed Constitutional Amendment?

It was formulated and first proposed by a responsible, bi-partisan Presidential advisory group — the President's Task Force on Victims of Crime — whose other major recommendations have been acted on by the U.S. Congress and other federal and state policymakers.

The amendment would add a sentence to the end of the Sixth Amendment — the one that gives major procedural protections to criminal defendants. The new language would not take away any of those protections — it would only confer on victims the essential rights of participation that the Constitution gives to defendants. Nor would it curtail the discretion our system gives to such decision-makers as prosecutors and judges — it would ensure that victims would be able to see and hear the way their case is being handled, and to have their concerns heard, by the decision-makers.

The Bill of Rights was enacted to prevent the kinds of government abuses that the American colonists had recently suffered at the hands of the English. In a similar way, the amendment seeks to end the kinds of abuses that modern-day criminal justice bureaucracies inflict on victims.

2. What Is The Basic Problem This Amendment Would Cure?

Our criminal justice systems require that all witnesses who are to give testimony are subject to the "rule of sequestration." In almost every trial, and in most other hearings, the judge will order every witness out of the courtroom — except the defendant — and usually will not even permit the witness to stay in the courtroom after his testimony is given. The victims' trauma of being barred from seeing and hearing how the criminal justice authorities are handling their case is repeatedly described as a second victimization by those who have been subjected to it.

Worse, some defense lawyers, and even a few prosecutors, have abused the rule of sequestration by subpoenaing "secondary victims" as witnesses, with no plans of ever calling them to the stand. This abuse has only one purpose: to keep the victims (notably the surviving relatives of a homicide victim) out of the courtroom.

Experience has shown in the nine states that have enacted legislation giving victims a right to be in the courtroom that the exercise of such a right does not harm the conduct of the trial. Victims who exercise their right are subjected to the customary rules of decorum in the courtroom, and, when properly instructed, simply leave if they find the proceedings too difficult to bear. Similarly, victims who may, by their dress, demeanor, or conduct, serve to harm the presentation of the prosecutor's case are routinely taught not to do so or are persuaded not to attend.

In short, victims can be given some basic rights of participation without adverse impact on court proceedings. Since they can be given those rights, they should be given them. Afterall, we know full well that it is not the State of _____ that suffers the wounds of a criminal assault — it is a real human being, who has a strong and totally legitimate interest in seeing how his case is treated.

3. Why Is This Issue More Important Than Other Issues Relating To Victims Of Crime?

At the outset, it should be noted that there are two fundamental concerns of the victims movement. The first is continued financial governments. The second is to establish procedural fairness for victims in the criminal justice system — the goal of what is called "victim rights" legislation.

This amendment captures the most important right sought by victims and their advocates: the right of participation — to see and hear the proceedings and to add their views at appropriate times and in appropriate ways.

Because the proposed amendment expresses the essence of victim participation, it has become the rallying point of victims who have endured the criminal process and have, as a result, dedicated their energies to reforming a system that treats them like mere pieces of evidence — not as decent human beings whose lives were often tragically harmed by an act of human cruelty.

4. What Type Of Support Is There For Such An Amendment On The Federal And State Level?

The proposal was drafted by a responsible Presidential Task Force after hearing from over 1,000 victims nationwide. Its report, including the proposed amendment, was warmly received by the President, Members of Congress, and the public.

But now is the first time that this specific recommendation has been brought to Congress. Since the idea will be new to most Members of Congress, we will have to wait to see how much support it will receive.

Although this issue has been dormant at the federal level for three years, the idea has been well-received at the state level. In fact, the nine states that enacted statutes guaranteeing victims the right to be present at court proceedings did so in response to the Task Force report. These "laboratories" have proven that the procedural reforms sought in the amendment are workable and highly valued by the victims who attend the judicial proceedings.

5. Would The Amendment Apply To Both State And Federal Courts?

It would have to apply to federal courts, and it is virtually certain that it would apply to state courts as well.

The first ten amendments were adopted as a set of protections against actions of the federal government; the 14th Amendment imposed protections against state governments, requiring them to accord "due process of law" and "equal protection" to their citizens. Over time, the U.S. Supreme Court ruled that all of the important rights spelled out in the first ten amendments are part of the standards of "fundamental fairness" summarized in the terms, "due process" and "equal protection." Since the proposed amendment expands the specifics of "fundamental fairness" in the original Bill of Rights, it too would apply to the states by operation of the 14th Amendment.

6. What Are The Administrative And Financial Burdens That The Amendment Would Impose On The Federal And State Court Systems?

None. Indeed, the right to be present at judicial proceedings was chosen as the first victims rights legislation to be acted on in Alabama because that procedural reform has no financial impact.

Though there is no fiscal effect, the amendment would have a behavioral effect — judges and prosecutors will have to allow time to listen to the victim. Though that requires changes of attitudes and habits, the "state laboratories" have shown that these changes can be made quickly and without disruption.

7. **Nine States Have Already Enacted Statutes Allowing Victims To Be Present In The Courtroom. Since That Is So, Why Is There A Need For A Constitutional Amendment? Why Not Encourage Other States To Pass Similar Statutes?**

There are four reasons for adopting the amendment. First and foremost, this is an essential right that needs to be given the status and authority of being in the Constitution — the "supreme law of the land." Some victim rights legislation, both state and federal, has been treated as a kind of unenforceable advice; the core right of participating in the prosecution of someone accused of criminally harming the victim deserves to be written in our basic code of rights.

Second, adopting the amendment would mean that we have a national standard rather than state-by-state standards, some of which are so uncertain that victim advocates are needing to get the legislature to reconsider their handiwork. While some of the "state laboratories" have proven the merits of the right-of-participation, collectively the experiments argue for creating a national, constitutional standard.

Third is the symbolic impact of putting the word "victim" in the Constitution. Just as America was the world leader in the 18th Century in detailing rights of citizens against their government, so has the United States become the leader in the 20th Century in developing victim rights exercised in partnership with government.

This past fall, in a culmination of the victim rights movement largely created in the United States, the General Assembly of the United Nations adopted a "Declaration of Basic Principles of Justice Relating to Victims of Crime," principles which include "... allowing the views and concerns of victims to be presented and considered at appropriate stages of the [judicial] proceedings." Given the critical support engendered for that Declaration by Americans and the United States Government, it would be an act of worldwide moral leadership to enshrine the essence of the Declaration in our Constitution.

And fourth, the Amendment does something that most state laws do not do: it makes explicit the right to speak as well as to look and listen. State laws are inconsistent on whether victims' views are to be sought and listened to — some mandate it by way of written statements, others by requiring "consultations" before critical decisions are made, and still others only by inference, as when a victim is given the right to sit at the prosecutor's table in a criminal proceeding. Indeed, most victim rights legislation is limited to notice of hearings and trials, and thus, as a practical matter, to be present but in no way to be heard.

8. Would Letting Victims In The Courtroom Be Prejudicial?

It is always possible for a witness in any court proceeding to alter his testimony in light of testimony previously given by others. That is why "sequestration" rules require that all witnesses be kept out of the courtroom except when they testify. The one exception to this is the criminal defendant, who has a Constitutional right to "confront his accusers" and to participate in his defense.

The amendment would extend this one defendant right to the victim. In theory, it might prove prejudicial to the defendant's case. But it is first of all important to recall the real world in which the amendment would operate. The victim virtually always testifies as part of the prosecution's "case in chief" — and so would learn nothing from prior witnesses that he does not know already.

In fact, the normal procedure is to have the victim testify first.

Contrast this with the defendant's right to see and hear all the prosecution's witnesses before he decides whether to testify or what he will say in his testimony.

And as to the possibility that the victim may be recalled to the stand for rebuttal testimony after the defense case has been offered, one should realize that this happens infrequently in most trials — and it may produce more useful, reliable, and truthful testimony than if the victim were in the dark as to why he is being recalled.

But beneath these practical issues are some pointed philosophical questions: why do we structure the system on the presumption that the victim will lie but do nothing to keep the defendant from doing so? Why do we invite the convicted offender to speak at his sentencing hearing — indeed, often invite him, his parents, his clergyman, and his employer to speak — yet deny the victim a similar opportunity to speak? Why, in short, do we deny equal justice to the victim?

9. What Do You See Congress' Role Is In Seeking This Constitutional Change?

This raises the question of how we amend the Constitution. One method is through a Constitutional Convention — a method that has never been used. Thus, the realistic choice make Congress' role essential. It must pass by means of a 2/3 vote of both houses the proposed amendment, which must then be ratified by 3/4 of the states to be adopted.

10. **What Sort Of Time Framework Are You Considering?**

We are starting at the beginning. On January 21, 1986, and in follow-up contracts, we are seeking Congressional sponsors of the appropriate resolution, and Congressional support of hearings on the issue. Once the proposal has been given hearings on the merits, we are confident that it will proceed in an orderly way to consideration by both houses.

SENATE . . . . . No. 1344

By Mr. Berry, a petition (accompanied by proposal, Senate, No. 1344) of Frederick E. Berry, W. Paul White, Thomas P. Walsh, James T. Brett, William R. Keating and Karen A. McLaughlin for a legislative amendment to the Constitution relative to the rights of crime victims. The Judiciary.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Ninety-One.

PROPOSAL FOR A LEGISLATIVE AMENDMENT TO THE CONSTITUTION RELATIVE TO THE RIGHTS OF CRIME VICTIMS.

A majority of all the members elected to the Senate and House of Representatives, in joint session, hereby declares it to be expedient to alter the Constitution by the adoption of the following Article of Amendment, to the end that it may become a part of the Constitution [if similarly agreed to in a joint session of the next General Court and approved by the people at the state election next following]:

ARTICLE OF AMENDMENT.

The victim of crime or his or her representative shall have the right to be informed of, to be present at, and to be heard at all criminal justice proceedings at which the defendant has such rights, subject to the same rules of evidence which govern the defendant's rights.

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THE WAYNE LAW REVIEW

SYMPOSIUM

PERSPECTIVES ON PROPOSALS FOR A CONSTITUTIONAL AMENDMENT PROVIDING VICTIM PARTICIPATION IN THE CRIMINAL JUSTICE SYSTEM

A CRIME VICTIM'S VIEWS ON A CONSTITUTIONAL AMENDMENT FOR VICTIMS
Betty Jane Spencer

CONSTITUTIONALLY GUARANTEED PARTICIPATION IN CRIMINAL PROCEEDINGS FOR VICTIMS: POTENTIAL EFFECTS ON PSYCHOLOGICAL FUNCTIONING
Dean G. Kilpatrick
Randy K. Otto

VICTIMS OF CRIME/VICTIMS OF JUSTICE
Ken Eikenberry

A CONSTITUTIONAL AMENDMENT FOR VICTIMS OF CRIME: THE VICTIMS PERSPECTIVE
Marlene A. Young

VICTIMS
Deborah P. Kelly

VICTIMS' RIGHTS CONSTITUTIONAL AMENDMENT: A BAD IDEA WHOSE TIME SHOULD NOT COME
James M. Dolliver

LISTENING TO THE VICTIM: THE VICTIM'S ROLE IN EUROPEAN CRIMINAL JUSTICE SYSTEMS
Matti Joutsen

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LeRoy L. Lamborn

COMMENT & NOTES

Vol. 34, No. 1 Fall 1987

THE WAYNE LAW REVIEW

VOLUME 34 FALL 1987 NUMBER 1

A CRIME VICTIM'S VIEWS ON A CONSTITUTIONAL AMENDMENT FOR VICTIMS

Betty Jane Spencer†

Victims of crime frequently suffer physical and psychological injuries, as well as financial loss. Yet, victims are willing to spend many hours helping law enforcement officers gather evidence and assisting prosecuting attorneys in preparing the case for trial. To fulfill what they consider their duty, victims may travel at their own expense and take time off from work.

I became a victim of attempted murder and witnessed the cold blooded murder of our four sons in our rural Indiana home on February 14, 1977. As the sole survivor of this mass murder, the questioning began two hours after the crime occurred. Although I was treated with courtesy and respect by both the Indiana State Police troopers and detectives, I quickly learned that, as a victim of crime, I no longer controlled my life.

For nearly a month, I talked with Detective Byran Thrasher daily. Although I felt neither physically nor emotionally ready, I repeatedly and willingly related what happened. At last, the first of the four killers was arrested. Within the following month the other three were apprehended. At the time, I knew little about the criminal justice system, nor was it ever explained to me. I learned about probable cause and arraignment from newspapers and television news.

I am not certain whether I was not informed of court hearings because no one thought to tell me, or someone thought I would not want to attend or thought my presence was unnecessary. Whatever the reason, I feel sure that the defense attorneys were delighted I did not attend.

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† Betty Jane Spencer is currently Executive Director of Protect the Innocent Victim's Advocate Foundation.

After the initial hearings, I realized that the State of Indiana was paying not only for the room and board of the four accused men, but also for their prosecution and defense. At the same time, my husband and I were trying to pay the $22,000 that the crime had cost us, as well as trying to keep our lives together.

I was born during the Depression, a time when church, family, and government protected all of us. World War II etched a strong sense of patriotism in my mind. I remember the reverence that I felt as I saluted the American flag at school each morning. The words that most impressed me were "with liberty and justice for all." However, as I moved through the criminal justice system, I began to question those words. I wondered if the phrase should have read "with liberty and justice for all, except the innocent victims of crime." The lives of innocent people were destroyed by criminals whose rights were carefully protected.

After the hearings, I spent long hours discussing the murders with the Parke County Prosecutor. Again, I was treated with kindness and respect, but I soon began to feel like another piece of evidence. I felt no different than the shotguns or the many other pieces of evidence that had been collected. I began to wonder what my rights were. After many months, I was still suffering severe pain, my left arm was nearly useless, and the emotional pain seemed to be getting worse, yet the prosecutor was telling me about the rights of four killers. I asked why he was so concerned about their rights. He patiently explained that their rights were guaranteed by the Constitution of the United States and it was his duty to see that they were protected. When I asked about my rights and the rights of our four sons, I was told that as a victim I had no particular rights. I later discovered that other victims of crime had the same problems and feelings.

In October 1982, I testified before the President's Task Force on Victims of Crime in St. Louis, Missouri. As I waited to testify, I heard many victims echoing my thoughts and feelings. Survivors of homicide victims were especially uninformed. If a survivor did not witness the murder, he was often not required to testify at trial, and therefore was not notified of criminal proceedings. Some survivors of homicide victims told the Task Force that they were actually barred from the courtroom during the trial. A common method to accomplish this was for the defense to place the names of the victim's family on their witness list. Separation of witnesses did not allow family members in the courtroom until after they testified. Frequently, they were never called to testify and were successfully kept out of the courtroom.

On the other hand, members of the accused's family were allowed to attend the entire trial. This often included the accused's pregnant wife and small children. In the proceedings against the four men accused of killing my sons, their families were allowed to attend the entire trial.

In December of 1982, the President's Task Force on Victims of Crime submitted their final report.[1] Among their recommendations was a proposal that the sixth amendment be amended to read as follows:

> In all criminal prosecutions the accused shall enjoy the right to a speedy and public trial, by an impartial jury of the State and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the nature and cause of the accusation; to be confronted with the witnesses against him; to have compulsory process for obtaining witnesses against him; to have compulsory process for obtaining witnesses in his favor and to have the Assistance of Counsel for his defense. *Likewise, the victim, in every criminal prosecution shall have the right to be present and to be heard at all critical stages of judicial proceedings.*[2]

I was overjoyed by this proposal. At last, the rights of crime victims would be included in the Constitution of the United States. Victims of crime would no longer be second class citizens. Our rights, like the accused, would finally be protected. Victims of crime do not want to reduce the rights of the accused. Victims realize the importance of the sixth amendment. However, without the proposed amendment, many victims feel that their own rights are not protected. Should the status of victims not be elevated to that of the accused?

I believe that the drafters of the Constitution assumed that the document would change to meet the growing needs of the citizens of the United States. Although the basic structure survives, the document can be and has been modified. Slavery was permissible when the Constitution was drafted; the thirteenth amendment abolished it. In 1920, it was determined that women should be allowed to vote; the nineteenth amendment granted this right. In

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1. OFFICE OF JUSTICE PROGRAMS, U.S. DEP'T OF JUSTICE, PRESIDENT'S TASK FORCE ON VICTIMS OF CRIME, FINAL REPORT (1982).

2. *Id.* at 114.

1971, with the ratification of the twenty-sixth amendment, eighteen year-old citizens became eligible to vote.

The drafters of the Constitution could not have predicted the changes in the United States over the past two hundred years. With industrialization, urbanization, and population growth, violent crime has escalated more than the drafters could have imagined. There was no way of knowing that by the 1980s one in four American households would be victimized by serious crime every year.

Violent crime was a low priority when the Constitution was written. The government was rarely involved in prosecuting criminals. The prosecution of criminals was a private matter. The interested party, usually the victim, was responsible for the prosecution. In time, in order to improve law enforcement and to better protect the rights of the accused, police and prosecutorial functions became public matters.

The judiciary, in interpreting the federal and state constitutions, has never strayed from the principle of upholding justice and the sanctity of every person. Yet, in practice, has the sanctity of the excluded victim or his family been upheld? Has the justice system heard "the truth, the whole truth, and nothing but the truth" when the victim or the victim's family have not been present and heard? I think not. Only when both sides are present and heard can we have "equal justice for all."

Most victims of crime will agree that the scales of justice are out of balance. After hearing testimony from several hundred crime victims, the President's Task Force on Victims of Crime was also convinced:

> Victims have discovered that they are treated as appendages of a system appallingly out of balance. They have learned that somewhere along the way, the system has lost track of the simple truth that it is supposed to be fair and to protect those who obey the law while punishing those who break it. Somewhere along the way, the system began to serve lawyers and judges and defendants, treating the victim with institutionalized disinterest.[3]

The most obvious imbalance is the exclusion of victims from criminal justice decisionmaking. Therefore, the Task Force recommended that the sixth amendment be amended.

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3. *Id.* at vi.

In 1985, a group of victim advocates from throughout the country met informally at a conference sponsored by the National Organization for Victim Assistance (NOVA) and Mothers Against Drunk Driving (MADD) to seriously consider the Task Force's recommendations and study the implications. In January of 1986, NOVA sponsored a national symposium to address the question, "Is it Time for a Constitutional Amendment for Victim Rights?"[4]

A group of those dedicated to the idea of victims' rights continued to collect information and meet informally until February of 1987, when they became a formal coalition called Victims' Constitutional Amendment Network (Victims CAN). Coalition membership includes representatives from:

The National Organization for Victim Assistance (NOVA)
Sunny von Bulow National Victim Advocacy Center
Mothers Against Drunk Drivers (MADD)
Parents of Murdered Children
Childhelp USA
Protect the Innocent Victims Advocate Foundation
Justice for Crime Victims of America
Justice for Surviving Victims
Victims of Crime Advocacy League
Crime Victims Committee of the American Bar Association
Campaign California

Two attorneys in private practice and Attorney General Kenneth Eikenberry from the State of Washington are also members. All of the organizations support the right of the victim to be present and heard in the criminal justice system, although acknowledging that states' approaches to the issue may vary.

At the same 1987 meeting, the coalition voted to focus their attention on state constitutional amendments rather than on statutory changes or an amendment to the sixth amendment. Individual state constitutional amendments are preferred for several reasons. First, state constitutional amendments will grant crime victims a useful and voluntary opportunity to participate in the criminal justice system. Second, although forty states have enacted Victim Bill of Rights statutes, they lack a method of enforcement. State constitutional amendments would eliminate the problem by providing victims with a constitutionally protected right of participation. Third, currently the rights of the defendant are protected

4. Conference sponsored by the National Organization for Victim Assistance and MADD, *Victims Rights: Is It Time for A Constitutional Amendment?*, in Washington, D.C. (Jan. 20-21, 1986).

constitutionally. Thus, for equal justice, the victim's rights should also be protected constitutionally.

Victims CAN also has a steering committee consisting of fifteen members. An advisory council of unlimited number is drawn from experts in constitutional law, the judiciary, the legislature, and the bar. Victims CAN encourages the formation of a committee in each state of victims, prosecutors, law enforcement officials, judges, elected officials, and concerned citizens. These committees should be capable of obtaining political and private sector support to enact state constitutional amendments for victim rights. The suggested wording for the amendments is:

> Victims of crime are entitled to certain basic rights, including the right to be informed of, to be present at, and to be heard at all critical stages of the criminal justice process, to the extent that these rights do not interfere with the constitutional rights of the accused. The Legislature is authorized to enforce the amendment by enabling legislation.[5]

For those of us who already have been victims, nothing will change if state constitutions are amended. However, the amendments could make a great difference in the way future victims are treated in the criminal justice process. The primary purpose of government is to protect its citizens against foreign and domestic enemies—including the common criminal. Please join with us in our work and help attain JUSTICE FOR ALL . . . EVEN THE VICTIM.

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5. SUNNY VON BULOW NATIONAL ADVOCACY CENTER, 1986 ANNUAL REPORT.

VICTIMS OF CRIME/VICTIMS OF JUSTICE

Ken Eikenberry†

V. Why a Constitutional Amendment?

Whenever a constitutional amendment is proposed, the question is always raised whether the particular purpose of the amendment could be achieved more easily by statute. The Constitution and the initial amendments have served us well for over two hundred years with very few changes. We should, therefore, approach changes with caution. However, there are many reasons why the adoption of a constitutional amendment is the best course to guarantee basic rights to victims of crime.

The United States Constitution is a living document. It adheres to the laws of life rather than those of mechanics. "[L]aw, including the fundamental law of the American Constitution, is a reflection of the society in which it exists. . . . The life of constitutional law is not logic; it is the collective experience of a dynamic populace."[62]

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61. Rhode Island, for example, has recently added a victims' rights amendment to its state constitution.

62. A. Miller, Social Change and Fundamental Law: America's Evolving Constitution 4 (1979).

The Constitution should not be altered merely to further one group's view on social policy. The eighteenth amendment and its subsequent repeal make it clear that it is foolish to write social policy into the Constitution. The proposed victims' rights amendment is not merely one group's view of social policy. It is instead a way of balancing the grossly unbalanced criminal justice system; it is a way of returning victims to their rightful position in the criminal justice system; and it is consistent with the purpose and effect of other amendments to the Constitution.

The Bill of Rights as well as the voting rights and antislavery amendments to the Constitution were proposed and adopted to prevent or remedy wrongs committed against citizens of the United States. The amendments were the product of a just, evolving society and added to the stability of society. The amendments flowed from and enhanced the basic fabric of the Constitution: justice and liberty for all people. So too does the crime victims' right amendment enhance the basic fabric of the Constitution. Any lesser remedy would be insufficient and inconsistent in its application.

Statutes, such as the "victims' bills of rights" passed by several states, are difficult to enforce and amount to little more than a guideline for how the courts *should* deal with victims. Some, for example, require only a "reasonable effort" to deal with victims' interests.[63] In the absence of statutes, courts are hesitant to create requirements for considering victims' interests, preferring to leave such changes to the legislature.[64] Even though some statutes, such as the Victim and Witness Protection Act, grant victims substantial rights, the rights are still subordinate to those of the defendant. And, as noted earlier, they carry few or no enforcement mecha-

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63. *See, e.g.*, WASH. REV. CODE § 7.69.030 (1985).

64. Justice Scalia addressed this point in his dissent in *Booth*:

> Many citizens have found one-sided and hence unjust the criminal trial in which a parade of witnesses comes forth to testify to the pressures beyond normal human experience that drove the defendant to commit his crime, with no one to lay before the sentencing authority the full reality of human suffering the defendant has produced—which (and not moral guilt alone) is one of the reasons society deems his act worthy of the prescribed penalty. Perhaps these sentiments do not sufficiently temper justice with mercy, *but that is a question to be decided through the democratic processes of a free people*, and not by the decrees of this Court.

107 S. Ct. at 2542 (Scalia, J., dissenting) (emphasis added); *see also supra* note 59 and accompanying text.

nisms.[65] The problem remains that the victim is not a party to the proceedings.

As we have seen over the last few years in the consideration of other proposed constitutional amendments, the discussion generated by the proposal itself often brings about needed changes in statutes and judicial decisions. The process of amending the Constitution is necessarily lengthy and cumbersome. It would be unfortunate if crime victims had to wait the many years it takes for Congress to pass and for states to ratify a constitutional amendment in order to gain the protections that they need right now. The debate sparked by a proposed constitutional amendment could have far-reaching effects in promoting changes in public attitudes toward crime victims, and could encourage progress in legislation.

Even though the influence of debate about the amendment would be positive, it points out another reason for a victims' rights amendment: the rights of victims should be protected from shifts in political priorities. From year to year different issues emerge that are popular with elected officials and the public. But elected officials change, new constituencies arise, and new issues replace the old. Crime victims should not have to hope for a favorable political climate for their rights to be recognized. This is the very reason that the framers of the Constitution thought it proper to include in the Bill of Rights protections for those accused of crimes. As the Supreme Court stated: "The very purpose of a Bill of Rights was to withdraw certain subjects from the vicissitudes of political controversy, to place them beyond the reach of majorities and officials, and to establish them as legal principles to be applied by the courts."[66]

Our founding fathers worried that as soon as wounds healed and memories of mistreatment faded, Americans would place less importance on protecting defendants' rights, and some of the freedoms they fought for would be lost in political battles. The solution was to include these protections in the Constitution. Likewise, the solution in our efforts to bring fairness to victims in criminal proceedings should be to give their rights constitutional protection.

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65. *See supra* notes 55-61 and accompanying text.
66. Board of Educ. v. Barnette, 319 U.S. 624, 638 (1943).

NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE ®

Newsletter

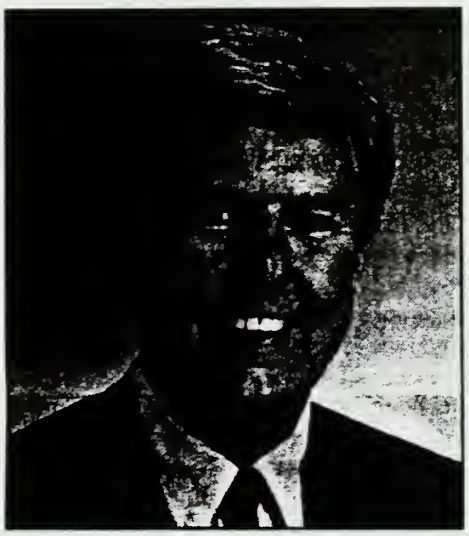
Volume 13, Number 11 (of 12 Issues), 1989

Twist Proposes Reforming Federal Rules

Proposal Under Review By Advisory Committee to U.S. Judges

The following correspondence tracks the history of a movement to insert victim rights into the Federal Rules of Criminal Procedure. This reform would not only be consistent with the intent of the Federal Victim and Witness Protection Act of 1982 but would serve as a model for changes in state rules of criminal procedure, since many states use the Federal Rules as the basis of their own. Adoption of the proposed amendments would also respond to President Bush's commitment to provide crime victims with "the statutory right to be informed, to be present, and to be heard" at every stage in the criminal justice process.

Steven Twist, Chief Assistant Attorney General in Arizona, is one of the country's most prominent advocates for enacting Constitutional rights for crime victims (see **NOVA Newsletter,** *Volume 12, Number 9). It was he who came across some proposed changes in the Federal rules that were noteworthy less for what they contained (characterized as technical changes to conform with the new sentencing guidelines) than for what they did not address. What that omission spurred in Mr. Twist and others is revealed in the following correspondence, the first letter of which went to each member of Arizona's House and Senate delegation.*



Steven J. Twist

July 14, 1989

The Supreme Court submitted to Congress on April 25, 1989 proposed amendments to the Federal Rules of Criminal Procedure. After reading the proposed amendments to Criminal Rules 11 (c), 32 (a) and (c), 32.1 (c) and (b) and 41 (d) and (e), I am deeply concerned that no efforts have been made to provide crime victims with basic rights and safeguards. The United States Constitution protects *every* person's right to justice and due process of law. The Constitutionally guaranteed right to due process of law essentially provides for the right to notice and opportunity to be heard. Unfortunately, these protections still are not extended to crime victims as evidenced by the Rules and their current proposed amendments. As you know, the Supreme Court's proposed amendments will go into effect as written if Congress does not act to modify the amendments during the seven-month period after the proposed amendments are submitted to Congress. Therefore, I seek your support to amend the current proposed amendments to the Federal Rules of Criminal Procedure such that they would expressly provide crime victims with the rights to justice and due process of law.

Six specific amendments should be included along with the current proposed amendments to ensure that crime victims are provided with notice, the opportunity to be heard and other basic concepts of justice. First, Rule 11 should be further amended to include a provision that would provide victims with a right to be heard at any proceeding involving a negotiated plea. Under the present rules of procedure every agreement between a defendant and the United States to resolve a case before trial must be submitted to the court for approval. If the court believes that the agreement is not in the interest of justice it may reject the agreement. Unfortunately, the Federal Rules today do not make available to the victim the opportunity to present his or her views on the propriety of the plea agreement. Providing the victim of a crime with the opportunity to tell the court the victim's opinion will guarantee that no plea agreement will ever be accepted without first determining if justice will be served for all parties involved. To the extent that the victim is the person against whom the criminal offense has been committed, he or she is involved and should be regarded as such by our justice system.

(See "Federal Rules," page 2)

In This Issue:

- **Rethinking "Victim Impact Statements" 4**
- **"Untrivial" History Quiz on Victims' Movement . . .7**
- **Crisis Response Team Training in July 8**

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("Federal Rules," from page 1)

Second, I seek your support to further amend Rule 32 (a) such that crime victims have a guaranteed right to be heard at any proceeding involving sentencing. The Court's ability to determine the extent of the necessary restitution and the extent to which a defendant is a threat to the victim and society would be greatly enhanced by providing crime victims with a guaranteed right to be heard at proceedings involving sentencing. Rule 32(a) providing the procedure for the imposition of a sentence. Subsection (a)(1) specifically requires the court to allow the counsel for the defendant and the attorney for the Government an opportunity to comment upon the probation officer's determinations in the presentence report. In addition, the counsel for the defendant and the attorney for the Government are allowed to introduce testimony or to comment on other information relating to any alleged factual inaccuracies contained in the report and on other matters relating to imposing the appropriate sentence. Crime victims should also have this opportunity. This provision is essential because evidence is presented at many of the proceedings involving sentencing in an effort to persuade the judge to aggravate or mitigate the sentence. For example, subsection (a)(1)(C) enables the defendant to make a statement and present any information in mitigation of the sentence. Providing victims with this right to present their views would give victims the chance to correct any wrong information about the crime or its consequences to the victim. Thus, the court should be better informed as a result.

Third, I seek your support to further amend Rule 32(c) to specifically require that Probation Officers include a victim impact statement in the presentence report. Rule 32(c)(3)(A) - (F), which enumerates the provisions that must be contained in the presentence report, does not specifically require a victim impact statement. The Rules provide that the court is to determine the extent of the necessary restitution. For example, Rule 11(c) and its current proposed amendment would require the court to inform the defendant before accepting a plea of guilty or nolo contendere that the court may order the defendant to make restitution to any victim of the offense. The Court's ability to make this determination should be greatly enhanced by specifically requiring a victim impact statement.

[*Editor's note:* under the Victim and Witness Protection Act of 1982, Federal Probation Officers are to prepare and submit victim impact statements in certain cases. However, this mandate, like others in the Act, is not repeated in the appropriate rules.]

Fourth, Rule 32(c) should also be further amended such that when the presentence report is given to the defendant and the defendant's counsel, it does not contain the current address and/or phone number of the victim. A number of cases have occurred in Arizona where the defendant learned the phone number and address of the victim from the presentence report and then proceeded to harass and torment the victim. The fact that this event has occurred even one time, not to mention a number of times, indicates the serious need for change. Our justice system should not be an accomplice to a victim's second victimization. The victim's address and phone number is information that the defendant neither needs to know nor should know.

Fifth, Rule 342(c)(3) should be further amended such that victims would have the same rights as the defendant to view the presentence report and present comments. In addition, crime victims should have the same right to introduce testimony concerning the presentence report. Moreover, the court should be required to make a finding as to any allegations made by the crime victims just as it currently is required to make for allegations made by the defendant.

And finally, the Federal Rules of Criminal Procedure should include a provision that would require the government, conditioned upon the request from the victim, to give the victim notice whenever the accused or convicted person is no longer in custody. This notice should be given whenever the person escapes or is released.

"Our justice system should not be an accomplice to a victim's second victimization."

While many of the current proposed amendments to the Federal Rules of Criminal Procedure involve "technical" changes, the opportunity was present, and still is present, to provide crime victims with their right to justice and due process. Again, I seek your support in this effort to amend the current proposed amendments to the Federal Rules of Criminal Procedure such that those amendments would expressly provide crime victim with the rights to notice, opportunity to be heard and other basic concepts of justice. I am eager to work with you and your staff to fashion amendments to the Federal Rules that will achieve this goal. Please let me know when you think a discussion toward this end could be scheduled.

Yours very truly,

Steven J. Twist
Chief Assistant
Attorney General

Responding to Violence on College Campuses

"CRIME ON CAMPUS", AMERICAN EXPRESS CONNECTIONS MAGAZINE, WINTER 1991

College campuses were once thought to be sheltered from the problems that face society as a whole. In reality, though, the Ivory Tower isn't a sanctuary, but a microcosm of the mainstream. These days, this point is underscored by widespread concerns about the safety of students on campuses across the nation.

Today, the crime and violence that seem an inescapable part of our culture are galvanizing parents, politicians and administrators at American universities. And many college students, recognizing that modern-day threats don't stop at the campus gates, are taking responsibility for their own safety and becoming involved in campus-wide crime-prevention programs.

One in three students will be victimized by a crime during his or her four years of college, says Jan-Mitchell Sherrill, director of the Campus Violence Prevention Center on the Towson State University campus in Maryland. About half of those students will fall prey to theft, vandalism and other attacks on property. The other half of the students will fall prey to crimes against their persons.

It's difficult to determine exactly how many crimes are being committed on the nation's campuses. In 1989, only 360 of the nation's 3,400 campuses filed crime report summaries with the FBI, and those summaries didn't necessarily include crimes committed on property that's part of the campus, but not owned by the university. In some cases, schools don't let their students know whether serious crimes have been committed on campus.

Much of the controversy surrounding the release of campus crime data is the result of conflicting interpretations of the 1974 Family Educational Rights and Privacy Act, also known as the Buckley Amendment, which prohibits the disclosure of a student's academic record. Many university administrators believe the Buckley Amendment protects student privacy beyond grades, and they have refused to release information about campus crimes involving students.

Not all schools feel restricted by the Buckley Amendment, however. Whenever there is a sexual assault, the University of California at Los Angeles sends to students bulletins that include composite drawings of the suspect. The University of Washington (Seattle) publishes annual campus crime statistics in the school's student newspaper.

President Bush signed legislation last fall that requires colleges to certify to the Department of Education that they have campus security policies. The law requires universities participating in Federal student aid programs to publish annual campus crime rates and security procedures.

Unfortunately, students never report many crimes. For instance, of campus sexual assaults that are committed by men who know their victims, 90 percent go unreported, says Gail Abarbanel, director of the Rape Treatment Center at Santa Monica Hospital.

College students make inviting crime targets: Large numbers of young people, many living away from home for the first time, are confined within a relatively small area. Studies indicate that as many as 80 percent of campus crimes are committed by members of the school community, which is the reason why crime levels vary little between urban and rural campuses. The "enemy" is often within.

The solution to preventing crime on campus is not simple. In fact, making colleges acceptably safe requires the combined efforts of administrators, parents and students. Students are often at the forefront of the safety movement, focusing the spotlight on problems and helping to devise solutions. They are fighting back: organizing and participating in awareness workshops, support groups, and escort services; lobbying their student-government representatives and school administrators for increased funding and attention for campus safety.

STUDENT INITIATIVE

At the University of Texas at Austin, junior Jennifer Bowles has spearheaded an effort to improve campus safety. As director of Students United for Rape Education/Elimination, she has been organizing self-defense training workshops for women and a beefed-up escort service for students leaving buildings late at night.

"There are security guards at the libraries, but they're there to protect the buildings rather than the students," Bowles says.

Bowles has improved the volunteer escort service by implementing a screening process that includes an educational seminar on rape. "It used to be that there wasn't any screening, and the program wasn't very widely used. And women complained to me that men joked about rape as they walked the women home.

Organizing the projects took "a lot of legwork," Bowles says. She went to her college's health education department and health center to get support and advice for the training workshops and escort service. "They were the people who saw the need and

Bowles has only a $2,000 budget for the programs, so she took the low-cost path to publicity and made sure the campus media outlets knew what was going on. "We ran meeting notices in *The Daily Texan* (the campus newspaper) and also got a lot of publicity from articles the newspaper did," Bowles says. "A lot of our most effective publicity also came from word-of-mouth referrals and brightly colored fliers that we printed up and handed out all over campus."

At the University of Southern California, 50 students employed by an escort service walk with, cycle beside, or drive students who wish to travel between campus locations at night. The service, which runs until 3 a.m., covers areas that the university's regular tram service doesn't, say student employees, who earn about $5.75 an hour to start. The service is one of the more extensive of its kind in the country, with a budget of $243,000 and more than 37,000 satisfied customers in 1989.

The student escort service at the University of North Carolina at Chapel Hill used to run only until midnight. That changed last year, when students voted to raise school activity fees over $5 cents per student to pay for extending the hours of the escort service. "Now we operate the service as late as 3 a.m. We hope to pay students $5 per hour to work those late-night hours," says Mindy Friedman, a UNC student-government representative who came up with the idea of improving the escort service.

Self-defense classes are also catching on as a solution. Lauren Hines, a certified self-defense instructor in Los Angeles, has conducted many four-hour workshops at several universities, including UCLA and California State University at Northridge. "You don't have to be in great shape to defend yourself," she notes. "The eyes, nose, throat, groin and knees are all weak areas where you can attack an assailant. It only takes about 50 pounds of pressure, which is not a lot, to knock out a person's knee."

Three fraternity members at the University of Pennsylvania have created a safety-enhancement program called Penn Watch. To date, it has mobilized more than 200 students, who have taken turns patroling the campus at night in squads of two, armed with flashlights and two-way radios. "Whenever we see anything that seems even remotely suspicious, we call it in to the police department and let them take over from there," says senior Christopher McLaughlin, who is one of the founders of Penn Watch. "This program

by Joseph Anthony

that the Greek system could give something back to the community.

Three years ago, the student government at the University of California at Berkeley co-sponsored a safety program that established an escort plan on campus, introduced ID cards required for entry into residence halls and launched crime-prevention seminars. Violent crime at Berkeley was cut by 40 percent in two years.

Students on campuses throughout the country can follow the lead of Bowles and Friedman to make sure security needs are being met. First identify holes in the safety net, then work with your student government and present your fears and findings to the administration and campus police. Administrators face increasing pressure from Congress, parents and students to act responsibly. Increasingly, administrators are subject to lawsuits from crime victims. Officials from more than 500 schools met at the beginning of January at the Campus Violence Prevention Center's Fifth National Conference on Campus Violence.

ADMINISTRATIVE ACTION

Safety efforts on the part of college administrations have taken several different forms in recent years. At night on the University of Chicago campus, it's not unusual to see a police cruiser slowly shadowing a solitary walker. The so-called umbrella service gets calls from about 450 members of the university community every month. The cruiser will shadow the student to any location on campus, though students aren't usually allowed in the cars. "We can't be running a cab service," says Rudolph Nimocks, director of the university's police department. Scattered across the campus are 115 emergency phones, which students may use to call the campus police switchboard directly.

Several schools, including the University of Illinois at Chicago, have put high-intensity lighting on walkways near residence halls and installed alarms on the outside entrances to prevent students from propping doors open for friends—one of the easiest ways for uninvited strangers to gain access.

Some solutions aren't quite so high-tech. Last year, Carnegie-Mellon began putting some of its police officers on bicycles, giving patrolmen faster response time. Other colleges have distributed to their students whistles to blow when they see or are victimized by a criminal. After a series of rapes in 1989, people visiting dorms at Syracuse University after 8 P.M. were required to leave ID cards with security guards. Boston University went a step further in 1989, banning overnight stays in dormitories by nonresidents.

BATTLE OF THE BUDGET

Critics charge that more should be spent on campus security. It's not unusual for a school to spend less than 1 percent of its total yearly operating budget on its security department. Administrators defend that level of expenditures by pointing out that security budgets

Making campuses safe at night is a pressing concern at many colleges. Installing adequate lighting and plenty of emergency call boxes is a good start, but crime prevention must begin with student awareness.

WHERE TO TURN

The following groups provide additional information on campus safety programs.

- Security On Campus, Inc., Suite 105, 618 Shoemaker Rd., Gulph Mills, PA 19406; 215-768-9330. Founded by the parents of a student who was the victim of a violent crime. Lobbies Congress for stronger campus safety laws.
- Safe Campuses Now, Inc., P.O. Box 32683, Palm Beach Gardens, FL 33410; 407-775-5675. Promotes student awareness and lobbies Congress and school administrations on safety issues.
- The Rape Treatment Center of Santa Monica Hospital, 1250 16th St., Santa Monica, CA 90404; 213-319-4000. The center has produced a 20-minute film ($50) and discussion guide on preventing sexual assaults. It has also published a book geared to both students and administrators, *Sexual Assault on Campus: What Colleges Can Do* (one copy free; $5 for each additional copy).

don't often reflect capital investments that many schools have made, including installing key-card systems that allow only students to enter dormitories and setting up alarm systems that sound when a building's safety doors are propped open.

The University of Pennsylvania, which in 1989 settled a lawsuit involving a grad student who was murdered in her dorm room, last year boosted its security budget from $3.5 million to $4.6 million and added 30 police officers to its 65-officer force. The increases came after a committee composed of students, faculty and staff members reviewed overall security on campus and made recommendations for improvements.

Some schools have spent large sums on safety devices and systems, but they also require cooperation and control and self-regulation by students, says Sheldon E. Steinbach, vice president for the American Council on Education, which represents over 1,600 colleges and universities. An institution could establish a po-

Across the nation, college students are working with school authorities to ensure campus security.

...e state to guarantee freedom from victimization through crime, but nobody would want to go to that school. Students have to exercise caution in their own defense.

LOOKING FORWARD

Dana Getzinger, who finished her last semester at the University of Georgia (Athens) in December, believes students should "demand better locks on rooms, better security in campus buildings and better information about risks on campus. Schools can also give seminars in safety awareness. Students have to be aware that they can be subjected to all sorts of crimes."

Getzinger, who has promoted her quest in testimony before the U.S. House of Representatives and in appearances on several television shows, wasn't always so concerned about campus crime. "Until two years ago, I wasn't aware of safety issues at all," she says. That was before an assault that left her with a life-threatening knife wound.

Getzinger survived the attack and is now preparing to take over direction of the Athens, Georgia, branch of Safe Campuses Now, a nonprofit student-awareness organization started by her parents. She plans to start other campus crime-prevention organizations.

Awareness is the key to prevention, she says. "I'm going to do everything I can to make students more aware and less vulnerable."

SAFETY DOS AND DON'TS

Students can take steps to reduce the risk of becoming crime victims. First of all, they must be aware that the problem exists on all campuses, and then they must incorporate some common-sense safety precautions into their daily routine:

- Don't prop open security doors to residence halls.
- Lock your own door—even if your roommate frequently forgets his or her key.
- Don't let people who don't have proper ID cards into dorms. Only hosts should be responsible for letting in their guests.
- Call campus security if nonresidents are loitering around a dorm building or wandering through the halls, day or night.
- Don't walk alone, especially at night or in isolated areas of campus. "Guys won't admit that at night they ought to walk with a friend or use the escort service," says Steven Ward, chief of security at USC. "And since they don't use the escorts, a man here is more likely to be a victim of a violent crime than a woman is."
- Lock your car doors, even if you're just leaving your car for a minute.
- Don't leave book bags or handbags unattended in libraries, cafeterias or any other public places.
- Take part in crime-prevention seminars or safety classes offered at your school.

UPDATE

Security on Campus

Howard Clery and his wife Connie—who serves on the *National Victim Center's* Board of Directors—today spend *their* lives fighting for *students'* lives on America's college campuses. Their vocation is a triumph borne of tragedy.

On April 5, 1986, their daughter Jeanne—while sleeping in her dormitory room at Lehigh University—was brutally assaulted and strangled to death by a fellow student who was also a part-time employee of the university. Jeanne's convicted murderer, Joseph Henry, is currently appealing his death sentence.

In November of 1987, the Clery's joined forces with Pennsylvania Representative Richard McClatchy to successfully pass legislation requiring institutions of higher education to report campus crime statistics. The *College and University Security Information Act* mandates colleges in Pennsylvania to produce brochures that clearly state the incidence of crime, including homicide, aggravated assault, rape, robbery and other crimes reported to authorities throughout the previous three years. Each campus' brochure must also include security information such as the number of campus police and the ratio of police to students.

(Continued on page 7)

The flag that flew over the Pennsylvania capitol in recognition of the first state law requiring colleges to report their crime statistics was presented by Rep. Lawrence Coughlin, left, to Connie and Howard Clery.

Security on Campus

(Continued from page 3)

In the past two years, three states—Florida, Tennessee and Louisiana—have enacted similar laws. Seven additional states have introduced this legislation, while other states are seeking legislators to introduce the *College and University Security Information Act*.

An out-of-court settlement with Lehigh University enabled the Clery's to start *Security on Campus*, the non-profit organization leading the fight for college and university safety. Also as a result of the settlement, Lehigh University has added security measures such as lighting, additional security guards, an alarm system, around-the-clock locks and an after-dark shuttle system.

Prior to the Clery's active leadership in this important victims' rights issue, campus crimes were rarely made public. Students as well as parents believe college campuses provide safe haven, and are often lured into false feelings of security. Through the admirable work of *Security on Campus*, the Clery's hope to set the record straight nationwide about safety on college and university campuses.

"Kids *want* to feel safe, and they *want* better security," says Linda Getchis of *Security on Campus*. "They deserve to know how to protect themselves."

The *National Victim Center*—with the help of its new national advocate, actress Kelly McGillis—will continue its support of *Security on Campus*, and urges *NETWORKS* readers to support critical campus security policies in all fifty states.

For additional information about Security on Campus and its legislative initiatives, please write to 618 Shoemaker Road, Suite 105, Gulph Mills, PA 19406, or call (215) 768-9330.

NATL. VICTIM CENTER NEWSLETTER, AUGUST 1987

THE STRUGGLE FOR CAMPUS SECURITY

Grieving Parents Take Action

Jeanne Clery . . . loving daughter . . . dedicated student . . . top ranked tennis player . . . good friend to many . . . and victim of a brutal murder.

In 1985, Jeanne Clery entered Pennsylvania's Lehigh University as a freshman with hopes and dreams for a promising future. All her aspirations violently ended when she was raped, tortured and strangled in her dormitory room by another Lehigh student, Josoph Henry. On April 29, Henry was found guilty of all charges levied against him and was sentenced to die in the electric chair.

Following the murder trial, Jeanne's parents filed a $25 million civil lawsuit against Lehigh University for alleged negligence in their daughter's death. They believe institutions of higher education should practice strict "truth in advertising" concerning crime and security on their campuses.

If they win the lawsuit, the Clerys will create scholarships in Jeanne's name and open a national center dedicated to improving safety on college campuses.

For the past year, the Center has worked closely with the Clerys and their legal counsel to examine the unbelievable circumstances surrounding Jeanne's death. How can prestigious institutions pour so many resources into quality education while neglecting the equally important issue of their students' personal safety? What can be done to prevent other tragic crimes from altering or ending such promising lives?

Like many violent crime victims, the Clerys have turned their grief and anger into positive action to benefit *all* college students and their families. They have developed an excellent questionnaire that college students and their parents can utilize to inquire about how safe — *or unsafe* — a college campus *really* is.

Jeanne Clery

"It's time parents and students ask colleges some tough questions," the questionnaire says. "Students are *powerless* to provide for their own security. Only the institution has the resources to ensure a safe environment."

The Clery's questionnaire offers hope to many potential victims — hope for a system on college and university campuses which places students' personal safety *first* and *foremost*. Their nationwide effort will, without a doubt, make campuses accountable to their students and, at the same time, focus America's attention on problems of campus security that have resulted in countless violent crimes that *could have been prevented*.

Complimentary copies of the Clery's campus security questionnaire are available by sending a stamped, self-addressed envelope to P.O. Box 1518, Bryn Mawr, Pennsylvania 19010.

THE NATION'S NEWSPAPER

USA TODAY

#1 IN THE USA . . . NEARLY 6 MILLION READERS A DAY

MONDAY, NOVEMBER 12, 1990

COVER STORY

New law ends parents' tragic battle

Daughter's murder in her dorm fuels couple's fight against tight-lipped schools

By Denise Kalette
USA TODAY

BRYN MAWR, Pa. — For four years, the rage and sorrow of Connie and Howard Clery have fueled a lonely legislative battle.

For four years, since the April night their 19-year-old daughter Jeanne was found raped, knifed and strangled in her dorm at Lehigh University in Bethlehem, Pa., they have waged a costly private war to force universities to reveal the amount of crime on their campuses.

The Clerys' long war is over. Over the weekend, President Bush signed the Student Right-to-Know and Campus Security Act, requiring schools to disclose murder, rape, robbery and other crimes on campus. The new law, which takes effect Sept. 1, mirrors similar legislation passed in 10 states in the past three years.

"It's such a tremendous relief" that the bill has finally become law, Connie Clery says. The battle required hundreds of thousands of dollars, and untold hours, she says. "It's been a gargantuan fight."

Still, the Clerys present a chilling portrait of the irreparable harm campus violence can cause. Only a small number of students are killed during their college years. But thousands are assaulted and raped. A 1988 study shows that 21,000 students fall victim to violent crimes each year.

Please see COVER STORY next page ▶

Schools hide risks of campus life out of fear enrollment will drop

Continued from 1D

That's 57 violent acts every day.

Until now, universities have not been required to divulge such statistics. So students have not been warned of rapes and other violent incidents and, hence, have failed to take safety precautions. Many administrators resisted publicizing statistics for fear the information would tarnish their images and cause enrollment to drop. Howard and Connie Clery were determined that students should know the risks of university life.

As many as 100,000 parents struggled with the aftermath of violence toward their children as a result of campus crime in the past five years. Like many, the Clerys have found it hard to resume normal lives. What now passes for normal behind the graceful, earth-toned exterior of their home, set among silken lawns in this Philadelphia suburb, might strike the unscathed visitor as strange.

Jeanne Clery's room is just as she left it when she went off to Lehigh in 1986. Her 11 stuffed animals are grouped around the bed. Her 21 tennis and diving trophies clutter a shelf. Her clothes still hang in the closet. Her silver comb and brush set lie on the dresser.

In the kitchen, the phone starts ringing at 8 a.m. Connie hooks it under her chin as she heats the coffee. She has acquired the lobbyist's ability to persuade both members of Congress and strangers to campaign on behalf of what has become known as the Clery legislation.

States from Connecticut to California are dotted with households in which Connie and Howard are known by their first names. But many university police departments opposed disclosure laws, saying notification of students would be too costly and, because of jurisdictional disputes, too burdensome.

The new law requires colleges receiving federal aid to report crimes annually to students and employees, but it will not require them to disclose crime rates just beyond campus borders, where millions of students live. Because most university police do not handle off-campus crimes, that requirement was unfeasible, says Donald Salyers, former president of the International Association of Campus Law Enforcement Administrators. The new law will be "very beneficial," he says.

Here in Bryn Mawr, during the same week that the mutilated bodies of five students were discovered in Gainesville, Fla., the Clerys were cranking out letters and flying to New York for TV interviews, pressing for their law. In Washington, D.C., three young rape victims, abandoning their anonymity, sat before a Senate panel describing their ordeals, testifying on behalf of the Clery law.

With a reported $2 million settlement of their $25 million suit against Lehigh, the Clerys set up a tiny office called Security on Campus Inc., as their headquarters. They enlisted volunteers and a few paid assistants to set up data banks and mailing lists. On a wall map, red flags show which states have passed laws, green ones show where they've been proposed, and blue ones show unconquered territory.

But fervor can't repair the damage of that campus crime four years ago, and the damage is evident. Connie spends her days at the crime office. Howard can't bring himself to go. In unguarded moments, tears spill on both faces, as though the discovery of loss were still fresh.

Symbols of loss are everywhere. The Clerys donated a heart-shaped fountain, a garden behind glass, even tennis-court landscaping, to the private girls' school that Jeanne attended here as a teen.

In the courtyard of their home is a sculpture. Connie wanted a symbol of new life. The sculptor presented them with a slaughtered lamb, gash marks piercing its coat. Howard finds it comforting; it tears Connie apart.

The Clerys have two grown sons, but their lives have focused on the lost daughter. It is scant comfort that the man convicted of killing her, Joseph Henry, is now on death row. Henry, also a student at Lehigh, got into the dorm April 5, 1986, through a propped door.

He brutalized their daughter in silence in the middle of the night. He bit and sodomized her. After the murder, three of Jeanne's friends lost a year of school and, says Connie, "The girl in the bed next to Jeanne had a nervous breakdown."

The Clerys' plan has been to step quietly away after the law is passed, but with so many issues unresolved — the frequency of rape by college acquaintances, the underreported crime — friends wonder whether they *can* rest.

In the evening, gathered in the family rec room with a visitor, the Clerys reminisce about Jeanne, their memories sliced with anger about the many crimes that survivors across the country have related to them. They will never leave this home because its memories are the closest they can come to Jeanne. They are filled with bitterness toward her killer.

Leaning back in his easy chair, Howard says, "I would execute him in a minute, if it were up to me." And he will "absolutely" be present at the still-unscheduled execution. "I'll give him the finger."

Connie fetches a photocopy of her daughter's last school essay. The original is locked in a safe deposit box.

Howard pops a video into the VCR. It is not a movie. It is a short videotape of his daughter preparing lasagne during her cooking class. Both parents watch in rapture. Howard's pipe frozen in his hand. Later, Howard switches on a video of Jeanne's memorial service.

Four years. A private war, a public battle. The Clery bill won't solve the problem of crime on campus, or the problem of underreporting. But for young people preparing to spend upward of $50,000 on a four-year college education, it will help the buyer beware.

BOSTON HERALD 10/15/90

Campus crime, graduation statistics vital information

What began as a way to get colleges to divulge the graduation rates of their star athletes — which in some sports and at some schools is so low that *no* players graduate — has expanded to a bill, which would benefit all college applicants.

This legislation, now before Congress, would require colleges and universities to disclose to prospective students and their parents the graduation rates of all students as well as provide current statistics on campus crime. This kind of accountability makes good sense.

Tuition costs have soared in recent years and consumers — students and parents — who are paying enormous sums for an education, have a right to know exactly how many students who start school graduate and how safe a college campus actually is.

Colleges are in business not just to educate but to attract students — the best and the brightest, if they can. They do this by advertising, by producing four-color glossy brochures which capture their school at the best angle. The prose in these brochures does the same thing. What this truth in advertising legislation would provide are needed statistics so students and their parents would have an opportunity to better assess a college.

Federal aid to students and schools gives government the right to require that colleges provide these statistics.

The bill would be phased in over the next two years and statistics for all colleges would be required beginning July 1, 1993.

"Sunlight is the best disinfectant," said Sen. Edward M. Kennedy (D-Mass.), a sponsor of the legislation. "Once colleges begin disclosing this vital information, those with the poorest records will be under the greatest pressure to improve."

Parents concerned about the safety and well being of their children should not have to depend on chance newspaper clippings to determine what the campus crime rate is.

All of these statistics are indeed vital. Congress should act without delay.

BOSTON GLOBE

OCTOBER 25, 1990

Bill OK'd requiring campus crime statistics

By Anthony Flint
GLOBE STAFF

In a vote signaling a new era of federal regulation of colleges and universities, the US Senate yesterday unanimously passed a bill that would require institutions to publish graduation rates and campus crime statistics or lose federal aid.

The bill has been promoted as a consumer's guide to colleges and universities and an incentive for schools with poorer records to improve. "Sunlight is the best disinfectant," said Sen. Edward M. Kennedy, one of the bill's sponsors.

Higher education associations have supported the bill, although they expressed concern about government intervention in their industry. Many schools worry that graduation and crime statistics could be misinterpreted.

The measure, similar versions of which were being considered in several states, including Massachusetts, had already been passed by the House of Representatives. The bill now goes to President Bush, who administration officials have said will sign it. The requirements would go

COLLEGES, Page 14

Senate OK's bill requiring colleges give crime data

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nto effect in 1993.

The Student Right to Know and ampus Security Act began as a bill equiring colleges to publish the raduation rates of athletes receiving scholarships, schools have been riticized recently for enrolling star thletes who cannot keep up academically. Later the measure was expanded to require the reporting of he graduation rate of all students.

Then, following a number of well-olicized violent crimes on American college campuses, the crime reporting requirement was added.

The bill became the focus of several parent advocates, including Howard and Constance Clery, the Pennsylvania couple whose daughter, Jeanne, was raped and murdered in her dormitory at Lehigh niversity in 1986.

The Clerys, who formed their wn organization, "Security on Campus, helped push crime-reporting egislation through state legislatures n Pennsylvania, New York, Connecticut, Florida and elsewhere. Sen. William P. Galvin (D-Brighton), introduced a simuar bill in Massachusetts.

...ne many state versions, the federal bill requires colleges and universities to report all murders, rapes, rooberies, assaults, burglary and motor vehicle theft that occur on campus. The institutions must also provide statistics on drug and alcohol abuse.

> **'We found out there were hundreds and then thousands of students being victimized ... and without exception, the colleges were not telling anybody about it.'**
>
> HOWARD CLERY
> *Parent of slain student*

The information must be provided annually to students enrolled at the institutions and to new applicants and their families. The Clerys and others complained that colleges often tried to keep incidents quiet.

Colleges that do not apply will be ...nned from partucipating in the federal student aid and loan program, which virtually every institution needs to survive. The US Deoartment of Education will be in charge of compliance and enforcement.

"We found out there were hundreds and then thousands of students being victimized on their own college campus, and without exception, the colleges were not telling anybody about it. They were not even telling their own boards of trustees. Then they wondered why students didn't take enough precautions," Howard Clery said in an interview yesterday. "This is about the consumer's right to know."

Clery said that the security measures on college campuses are still inadequate and that the publication of crime statistics will be an incentive for institutions to invest more money in lighting, locks and security guards.

The push to require colleges to publish crime and graduation statistics has been greeted with considerable skepticism among higher education officials, who are wary when federal regulation comes close to such areas as admissions.

Clare Cotton, head of the Association of Independent Colleges and Universities, said the administrative cost of compliance was one concern, but the biggest problem was the possible misinterpretation of crime statistics.

The number of incidents reported could appear more or less alarming depending on student population, the location and definition of the campus, and other factors, Cotton said. Another key concern was whether institutions would be required to report all crimes involving students, regardless of the circumstance, or simply crimes occurring on college property.

The bill passed by the Senate requires colleges to report only those crimes that occur on campus or within a "reasonable proximity" to campus. The US Department of Education will make the distinction.

It is unclear, for example, whether Northeastern University would have to report the stabbing death last January of student Mark Belmore, who was walking on Columbus Avenue. Florida State University would not be required to report the recent slayings of students in Gainesville, Fla., because the crimes were committed off campus.

Higher education officials had similar concerns about the mechanics of publishing graduation statistics. Large schools would look like they had bad graduation rates but only because those schools have more mobile student bodies and higher transfer rates.

The Senate bill requires colleges to count as graduates those students who complete their studies within 150 percent of the standard time it takes to obtain a degree – that is, within six years for a four-year institution. Colleges must also report athletic department expenditures and the racial composition of scholarship athletes.

In an interview, Kennedy said the Senate bill was long overdue and was not obtrusive federal regulation.

"This is really just information that ought to be available to the public," Kennedy said. "Families choosing which colleges to attend deserve as much information as possible."

Thomas Cashman, a spokesman for Boston University, said there would be "no real change in our performance" if the Senate bill becomes law because BU students understand the dangers of an urban campus and "there has always been a free flow of information about it."

Cashman said the federal measure was preferable to a state-by-state approach, because students comparing college crime rates "can compare apples to apples."

Despite passage of the federal bill, John Doherty, a representative of the Clerys' Security on Campus group in Massachusetts, said he would press ahead for the adoption of the state version of the crime-reporting portion of the US law.

The federal law would eventually override the Massachusetts law as currently written, but Doherty said the federal requirements will not go into effect until 1993, and the state regulation could fill the gap from now until then.

"If we start doing this right away it will help in the federal implementation," Doherty said, adding: "If we can save one kid's life next semester we should do it."

H 5802

Chapter 475

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Ninety

AN ACT RELATIVE TO COLLEGE AND UNIVERSITY SECURITY INFORMATION.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 22 of the General Laws is hereby amended by adding the following section:-

Section 16. Each public or private degree-granting post-secondary institution of higher education shall submit, on an annual basis, a uniform crime report, consistent with the Federal Bureau of Investigation's Uniform Crime Report, to the department of public safety. Said department shall file all such reports with the Federal Bureau of Investigation. In addition, said department shall keep a copy of said reports on file for at least five years. Upon submitting said crime report, each institution shall provide public notice to its campus or campuses that the institution makes said report available, upon request, to any applicant, student, or employee of the institution and how such individuals can get a copy of the report from the institution.

In addition, each such institution shall certify that it has a campus security policy that has been made available, upon request, to any applicant, student, or employee of the institution. Said policy shall provide information on campus security procedures, including, but not limited to the following: (a) the administrative office responsible for security on the campus; (b) policy regarding the possession, use, and sale of alcoholic beverages and enforcement of underage drinking laws; (c) policy regarding the possession, use, and sale of illegal drugs and enforcement of federal and state drug laws; (d) policy regarding the unauthorized possession and use of weapons by students and employees; (e) policy regarding access to institutional facilities and programs by students, employees, guests and other individuals; (f) procedures and facilities for students and others to report criminal actions or other emergencies occurring on campus and policies concerning the institution's response to such reports; (g) a description of the communication

December 29 , 1990.

Approved,

Governor.

Student charged in Nazi-threat case

By Sean P. Murphy
GLOBE STAFF

A Northeastern University student who allegedly identified himself as Adolf Hitler and as a Nazi skinhead was arrested yesterday on charges of making anti-Semitic and antihomosexual death threats.

The FBI accused Garrett McAdams, 22, of Boston, of threatening to kill a South End realtor in a letter and two telephone calls.

McAdams also is accused of threatening to blow up the office of a gay student organization at Northeastern University.

After his arrest, McAdams appeared before Magistrate Marianne B. Bowler in US District Court in Boston. He was released on $25,000 unsecured bond, pending arraignment tomorrow morning.

McAdams declined to comment.

In a letter to the broker, McAdams allegedly wrote that he would "hunt you down and kill you. Not only do I hate Jews, but I don't like you . . . love your secret hater, Adolph Hitler."

'The message we're sending loud and clear is that we're going after anyone who gets involved in hate crimes.'

SGT. WILLIAM JOHNSTON
Boston Police Department

McAdams briefly met the real estate broker in January when he was looking for an apartment to rent in the Fenway, according to a law enforcement source. McAdams did not rent from the broker and a dispute apparently resulted.

The broker went to Boston police after an anonymous caller left threatening messages on his answering machine, the source said; a telephone "trap" was then used to trace a later call.

In the telephone calls, McAdams allegedly threatened to blow up the broker's car. The letter was received at about the same time, the source said.

About a month later, McAdams allegedly called the office of Northeastern Alternative Lifestyles to say, "I'm a Nazi skinhead . . . I'm going to bomb your office and blow all you . . . up."

US Attorney Wayne A. Budd, saying that hate crimes would be vigorously prosecuted by his office, credited the FBI and the Boston Police Department's Community Disorders Unit for quickly investigating the allegations.

"The message we're sending loud and clear is that we're going after anyone who gets involved in hate crimes," said Boston Police Sgt. William Johnston, Community Disorders Unit commander.

"You have to realize how much pain is inflicted in these type of crimes," he said.

Johnston in January reported a 20 percent increase in the number of hate crimes reported in Boston in 1990, compared with 1989.

Charles Coffin, a Northeastern University spokesman, said the allegations will be investigated according to established administrative procedures. McAdams could face expulsion after a hearing on the allegations, he said.

"We view any threats against any citizens very seriously," Coffin said.

McAdams, a junior, is majoring in speech communications.

BOSTON GLOBE 9/2/90

College students confront threat of date rape

By Amy Callahan
and Suzette Parmley
CONTRIBUTING REPORTERS

The scenario may be as innocent as a cram session with a classmate in a dormitory room, as relaxing as a moonlight stroll on the campus lawn or as rambunctious as a wild party at a fraternity house.

But the final act may be rape.

Judging by statistics, the danger of college women being raped by someone they know has spread to practically every campus in the country and has become a common but unsavory ingredient of college life.

Recognition of the prevalence of acquaintance or date rape has led most colleges to implement counseling and awareness programs for their students.

But the reluctance of victims to come forward and some limited though well-intentioned university policies

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College students confront date rape

■ RAPE

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for enforcement stand in the way of tackling one of the nation's most underreported violent crimes.

One out of eight college women can expect to be raped by someone she knows before she graduates, according to University of Arizona professor Mary Koss, who presented a study on the subject at a Capitol Hill hearing last week on campus rape and other issues.

Koss' study, funded by the National Center for the Prevention and Control of Rape, surveyed more than 7,000 students at 35 colleges and universities and found that more than four out of five victims knew their attackers but only 7 percent reported the rape to police.

Erica Strohl, a University of Pennsylvania undergraduate, told the Senate Judiciary Committee: "I personally know 45 women who have been acquaintance raped at Penn or in high school."

At the University of Massachusetts at Amherst, 13 percent of 221 women who responded to a random survey last year said they had been raped by an acquaintance or dating partner. Only 3 percent had reported the assault to police.

"Sexual assault by acquaintances is much more common in colleges than anybody realizes," said James Ferner, associate director of public safety at Northeastern University in Boston. "And very, very few of them are reported to anybody."

Five charged at Bentley

A Framingham State College woman said the phenomenon of campus date rape became frighteningly real on Jan. 22, 1988.

That night, the woman attended several parties at an all-male dormitory on the Bentley College campus in Waltham. She became drunk and, according to her later court testimony, eventually unconscious; all she could remember was having sexual encounters with several men in a room.

Local police arrested five Bentley men on charges of aggravated rape, but a Middlesex County grand jury found no reason to believe a crime was committed. The charges were dismissed.

In Massachusetts, rape – either by an acquaintance or stranger – is defined as sexual penetration or intercourse with someone by force or by threat of bodily injury. It also includes intercourse with someone who cannot or does not agree to the sexual act.

Still, it is a rare case that results in criminal charges and eventually goes to trial.

Acquaintance rape has only emerged as a serious campus issue within the past decade, specialists say. Twenty years ago, although sexual promiscuity was a storied staple of college life, there was little awareness of the phenomenon of date rape, let alone an appropriate term to describe it.

Today, sexual aggression by young men that was once considered acceptable by some is more uniformly defined as "date rape" – rape that differs from "street rape" only in that the parties know each other.

"Calling it 'date rape' doesn't change a thing," Hiller B. Zobel, a justice of the Massachusetts Supreme Judicial Court, wrote in a December opinion piece. But, Zobel added, it is only recently that society has begun to accept that idea.

The campus climate

On campus, certain conditions may contribute to the problem. Young adults are away from their parents, many for the first time. Living arrangements are casual, as are attitudes.

While there are few characteristics that apply to all campus date rapes, alcohol is often a key element.

"Statistics show more than 90 percent of all sexual assaults occur under the spell of alcohol," said Lt. Margaret Connolly of the Boston College campus police.

But alcohol is far from the only contributing factor. Distorted attitudes among college students about sex also create dangerous behaviors, some observers state.

"Men are only gradually learning to separate the bravado of sexual conquests from what, in fact, is totally inappropriate, if not violent, behavior," said Deene Clark, assistant dean and religious coordinator at Amherst College. "And women are only gradually gaining the courage to bring charges."

Very gradually.

From the 13,943 undergraduates at Boston University, campus police had a report of only one rape in the last school year. Police at BU do not distinguish between different kinds of rape. At the Massachusetts Institute of Technology, with 4,300 undergraduates, one acquaintance rape was reported last year. And at Fitchburg State College, with about 3,500

Continued on next page

Drinking, male attitudes are blamed

Continued from preceding page

undergraduates, the campus police department had no reports of acquaintance rape last year.

However, the Fitchburg women's center reported counseling eight women who said they had been raped. Likewise, women's center staffers and students at other campuses said they knew of many rapes that were not reported to authorities.

Attempts at enforcement

This underreporting limits the effectiveness of campus authorities attempting to impose penalties on offenders.

Most institutions rely on administrative and disciplinary boards based in the dean's office to handle rape cases. In general, assailants found guilty can expect probation, suspension or expulsion. Confidentiality rules prohibit most colleges from referring cases to the criminal courts.

At UMass-Amherst, almost all cases are resolved before they come to a formal hearing.

"Either the charges are dropped when the students tell their sides or the student admits guilt and accepts sanctions," said assistant dean Charmaine Wijeyesinghe.

This fall, in a novel move to give students a greater role in adjudicating cases, Northeastern will institute a university court.

But, as is often the case in criminal courts, rape victims find campus proceedings intimidating, especially if they include confrontations with alleged assailants. Students are sometimes reluctant to bring their personal behavior, which may include underage drinking, before administrators for judgment. In addition, the process can exacerbate feelings of shame and confusion.

Such feelings kept a Brown University junior from pressing charges in February against a student with whom she had just broken up.

The man had taken the break-up hard and the junior, feeling sorry for him, invited him to Sunday brunch in her dorm. By the end of the meal, they were practically snowed-in by a blizzard, so she asked him to her nearby room to study. As they studied, he began kissing her and despite her objections, she said he later sexually assaulted her.

'The woman is held responsible for the man's sexuality. They see her as causing the rape, and there is no respect for her as a human being at all.'

BERNICE SANDLER
Head of women's project

Worrying about complicity

After the attack, she refused to press charges "because I felt there had been some complicity on my part," she said, even though she had begged the man to stop.

She said she also wanted to put the attack behind her.

"I wanted anonymity," she said. "I didn't want to live it again. My decision not to press charges was a big part of my healing process, because I wanted it to be over."

Experts say experiences like this are not unusual in the aftermath of acquaintance rape.

"There is such enormous shame from date rape that few women are willing to acknowledge it," explained Alexandra Kaplan, director of the counseling center at Wellesley College.

Compounding the problem is a sense of betrayal.

"With acquaintance rape, it is more a case of trust and a violation of that trust," said Veronica Ryback, director of a rape crisis intervention program at Beth Israel Hospital.

In addition, there is the problem of ambiguity. Specialists say men who commit acquaintance rape often do not consider their behavior criminal. Many men say they thought the woman wanted to have sex.

Jonathan Stockhammer, a 20-year-old freshman at Brandeis University, maintained his innocence even after he was convicted last year of raping a freshman in her dorm room in 1988.

At the trial, Stockhammer did not deny they had sex, but contended that the act was consensual because they had had sex before.

"We had an ongoing relationship," he testified. "We'd had an ongoing sexual relationship from April 19 through May."

"No idea this is a rape"

Even in cases of gang rape, such as when a woman at a fraternity party is served spiked drinks and then forced to have sex with many men, the perpetrators often do not consider their actions criminal.

"The men have absolutely no idea this is a rape," explained Bernice Sandler, executive director of the Project on the Status and Education of Women of the Association of American Colleges. "They've been having a good time." They think "she deserved it because she went there, she drank, or she wore something sexy."

"The woman is held responsible for the man's sexuality," she continued. "They see her as causing the rape, and there is no respect for her as a human being at all."

Many colleges and universities, though hesitant to call attention to the problem, have begun education and awareness programs. At Boston University, these include video presentations on the subject; at Fitchburg, a play written and produced by students; and at Harvard, peer workshops in freshman dormitories.

The programs ultimately offer the same message.

Men are warned to accept a woman's "no" as "no," while women are advised to be clear about their sexual desires and limits. Men are also told not to assume they have permission for sex because of previous sexual contact, and women are cautioned to avoid situations in which they might be vulnerable, such as a party at which they know no one. Both men and women are urged not to drink or use drugs to excess.

The programs, some schools say, have produced results. There is a heightened awareness of the problem on campus, which officials hope will help prevent rapes. In addition, women have felt more comfortable reporting rape, some officials said.

"The more attention that is paid to the cases," said Bruce Reitman, associate dean of students at Tufts University, "the more victims are going to feel able to come forward."

This project on campus acquaintance rape was conceived and written by the Globe's student interns for the 1990 summer. The following interns assisted in the project: Paul Allvin; Amy Callahan; Anna Chan; Jocelyn Coleman; Yana Dlugy; Manny Garcia; Jim Kerstetter; Edward Park; Suzette Parmley; Maria Sacchetti; Vernon Silver and Amy Wang.

BOSTON GLOBE 9/2/90

On campuses, understanding of crime lacking

BENGT JOHNSON
"Lot of date rape going on"

By Vernon Silver
CONTRIBUTING REPORTER

Today's college student is exposed to the subject of acquaintance rape for four years – at freshman orientation programs, campus marches, speak-outs, awareness weeks, and perhaps most graphically, through personal experience or the confessions of friends and roommates.

In a conversation at a popular Cambridge bar, a Harvard senior described acquaintance rape as a common experience on campus.

"I was in a class on women and the law, in a section with 19 people. The instructor asked the class how many knew women who had been date-raped at Harvard, and 17 out of 19 raised their hands," said Amy Briggs, 20, of Greenwich, Conn.

But not everyone believes campus date rape is a widespread problem. Although the law is quite clear on what constitutes rape, students interviewed on New England campuses hold a variety of views.

Some consider any unsolicited sexual advance a form of rape while others regard talk of acquaintance rape as just another bit of feminist rhetoric.

Still others – men, women, those who have been raped and even accused rapists – are not sure who to blame or how to stop rapes.

"People need to be taught how to communicate during sex," said Laura Blackburn of Louisville, Ky., who will be a senior and a women's peer counselor this year at Brown University. "This is the thing that's going to change it."

Interviews with acquaintance rape victims from local colleges and the men who allegedly assaulted them, however, revealed that little meaningful talk goes on during the act.

In a case at Amherst College last year, recounted by senior Bengt Johnson, not only was there little talk but little agreement on what happened as well.

A male and female student were attending a party together. Both were quite drunk and both smoked pot. The woman's roommates heard her invite the man to her room.

Some time after entering the room, the woman said she blacked out or lost her memory. What she next remembered was the man on top of her, engaging in intercourse. For some time the woman contended it was date rape.

The man said she had consented during the period in which she was blacked out. The woman's roommates said they were appalled she called it rape and said they have many times gotten drunk and had sex with a man they wouldn't have touched if they were sober.

After a while, the woman decided to drop the whole thing.

"Just from being at parties and watching people, I wouldn't be too surprised if there was a lot of date rape going on," said Johnson, a member of Men Against Rape Combatting Harassment, a group started last fall at Amherst in the wake of increased student concern over acquaintance rape.

Some students grappling with date rape and how to prevent it have faced pointed backlash from male and female peers.

As 60 women marched through the Boston University campus in a march last spring, for example, they were met with men's taunts: "No means yes; you know it babe."

At Harvard during the last school year, some men reacted similarly to a rape awareness march.

"There were a whole bunch of guys shouting pretty awful, antifeminist stuff," said Briggs. "They turned the whole thing into a joke."

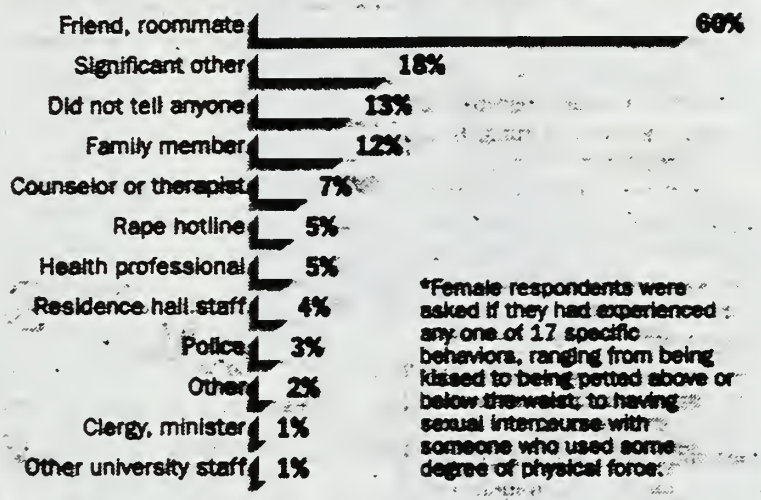
Many men continue to say that women are making too much of the issue, Briggs said. But, she added, "I think there's been a growing awareness."

BOSTON GLOBE 9/2/90

Reluctance to report to officials

Who women told about unwanted sexual activity*

Of the 58.8% who reported unwanted sexual activity



*Female respondents were asked if they had experienced any one of 17 specific behaviors, ranging from being kissed to being petted above or below the waist, to having sexual intercourse with someone who used some degree of physical force.

Other study highlights:

- 13% of women respondents indicated they had been raped by an acquaintance or dating partner while at the university.
- 79% of the women who said they had been raped told a close friend or roommate, 46% told a counselor, 29% told a therapist and 3% told police.
- More than half, 57%, of the women respondents had a male misinterpret the level of sexual intimacy they desired.
- 27% of the women reported having been in a situation where the other person became so sexually aroused that they were powerless to stop the other person, even though they did not want to have intercourse.

NOTES: 500 females were randomly selected to receive questionnaires. 221 were returned and usable for analysis.
SOURCE: A spring 1989 study by the Student Affairs Research and Evaluation Office, University of Massachusetts, Amherst.

GLOBE STAFF CHART

Hers : From "New York Times Magazine" - Feb. 1989

BY ALICE SEBOLD

FRANCES JETTER

Speaking of the Unspeakable

Shame and pressure to forget are the most common reactions, not only for the victim of rape but for the victim's family. The majority of rape cases go unreported.

IN 1981, ON THE LAST day of my freshman year in college, I was raped in a park near my dorm. In this country, nearly three out of every four women could be the victim of a violent crime during their lifetime. What is unusual in my case is that the rapist is now serving a maximum sentence of 25 years in prison. When I was raped I lost my virginity and almost lost my life. I also discarded certain assumptions I had held about how the world worked and about how safe I was.

The rapist attacked me from behind. He and I fought in the open. I screamed. I punched and scratched him with my nails, but he eventually got me on the ground. With a knife in one hand and the other so tight around my throat I couldn't breathe, he made it clear that he would kill me if I didn't cooperate. He dragged me into an abandoned tunnel. He stripped me and repeatedly raped me on top of broken beer bottles. He kept me prisoner for two hours. He urinated on me, he called me every obscenity, and he forced me to perform oral sex.

I did what women in rape prevention classes are taught to do: I saved my life. I pretended to pity him. I told him he was strong. That was what he wanted to hear. I told him that I was so ashamed of what was happening to me that I would never tell anyone. He had knocked off my glasses when he jumped me so I told him I was almost blind without them. But in fact, I committed every feature on his face to permanent memory. I know I did everything right. I survived.

I am alive but eight years later, I can still see and smell that tunnel. And eight years later, it remains true that no one wants to know what happened. The wall of silence and assumptions that surround the crime are one of the most painful results of rape. It is a sad fact that despite increased attention to the issue, opinion is still shaped by a dark collection of stereotypes.

Shame and pressure to forget are the most common reactions, not only for the victim but for the victim's family. The majority of rape cases go unreported. Women seek counseling from rape crisis centers years, sometimes 20 years, after the crime. As a result of my rape becoming public knowledge in my community, a 45-year-old woman, the mother of a friend of mine, told her two teen-age sons that she had been raped when she was 18. My friend later told me that his mother had faced the window, doing dishes, as she described the attack to them and the effect it had had on her. She had never told anyone.

After the rapist let me go, I made my way back to my dorm. The desk guard put me inside his glass box of a station until the police arrived. Slowly, as news spread through the halls of my coed dorm, students began surrounding the glass-walled room where I was now, in another way, held prisoner. My fellow students stared at me as if I were a girl on a TV screen. When they looked at me, what they saw under the blood and matted leaves was what I had become for them — a rape victim. In the following years, throughout the trial, which ended in 1982, many remained unable to do more than stare.

Ignorance hurts. In the beginning, even my own father, who has spent his life working with young people, confessed to me that he did not understand how I could have been raped if I didn't "want to" be. In Pennsylvania recently, Stephen Freind, the Delaware County Representative to the State Legislature, repeatedly stated that rape victims rarely got pregnant because women under stress have difficulty conceiving. This misinformation supported anti-abortionists in their position that rape should not be part of the abortion controversy.

In New York recently, my gym opted to give studio space to a course called Dirty Dancing instead of to a self-defense course for women. Self-defense is seen as out of style while Dirty Dancing is hip. Unfortunately, rape is not a craze but a constant. So is our need to protect ourselves and those we love by listening to articulate victims.

In the college classrooms where I teach English, I hear naive assertions about rape. What it's like; who rapes; who gets raped. This willingness to type the victim or the attacker is dangerous. It separates us from the reality of rape's threat in our own lives. Stereotypes are attractive because if we don't fit the stereotype we create, we conclude it is impossible for us to be victims. The "it-can't-happen-to-me" mentality affects women of every class. Women disassociate themselves from rape because the vast majority of people still believe that a woman who has been raped is filthy, better off dead, irrational, or got what she was looking for.

Rape can happen to anyone and it does. Currently, an average of 90,000 rapes are reported in the United States yearly. According to rape crisis center intake reports, 60 to 70 percent of these are acquaintance rapes. We cannot afford to remove ourselves from facts as clear as these.

We must hear, not assume, the experience of rape victims because our best and only defense is knowledge. A current issue of my university's campus guide, under the description of the park where I was raped, a park heavily frequented by students, says more or less what it said in 1981. After a lengthy description of park ball fields and basketball courts, the last line reads "watch out after dark; scary things have been known to happen." Rape is a nasty word. It is easier to avoid it. This degree of denial and prettification is dangerous.

In my senior year at college, a rapist began attacking women in campus sorority houses. The university was forced to deal with the issue, and claimed that these incidents were extraordinarily rare. It blamed the rapes on carelessness, on a lack of security being observed within those houses where rapes had taken place. In a certain sense, therefore, the school blamed the victims. Small voices revolted and sidewalk graffiti appeared. YOUR DAUGHTER WAS RAPED HERE shouted up from the pavement at prospective students touring the quad with their parents.

The voices of rape victims and their families can be powerful. They can be heard. As a result of a rape and murder on the campus of Lehigh University, the State Legislature passed a ruling on May 26,1988, that requires all colleges in Pennsylvania to publish crime statistics and make them available to prospective students. It was due to the advocacy of the victim's family that the ruling was passed.

These are voices we must heed. Outrage and clear thinking and political action *can* work together to dispel the shame and ignorance that surround the crime of rape. ■

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SEXUAL ASSAULT ON CAMPUS:

What Colleges Can Do.

Aileen Adams and Gail Abarbanel

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Chapter 2

UNDERSTANDING THE PROBLEM OF SEXUAL ASSAULT ON CAMPUS

The Definition of Rape

Although the legal definition of rape may vary slightly from state to state, it is generally defined as forced sexual intercourse that is perpetrated against the will of the victim. The same definition applies regardless of whether the assailant is a stranger or an acquaintance. The type of force employed may involve physical violence, coercion, or the threat of harm to the victim.

Acquaintance Rape

The most prevalent form of rape on college campuses is acquaintance rape. The acquaintance may be a date or boyfriend of the victim, or someone the victim knows only casually, from her dorm, a class, or through mutual friends.

Regardless of the relationship between them, if one person uses force to coerce another into submitting to sexual intercourse, the act is defined as rape. The same criminal laws and penalties apply in cases of acquaintance rape as in cases of stranger rape.

Many of the acquaintance rapes committed on college campuses follow similar patterns. Acquaintance rapes often occur at fraternity parties or in student dormitories. Frequently, the students involved in these assaults have been drinking heavily or using drugs. In a large number of reported cases, the attacker or attackers have been campus athletes. And, in many of the rapes committed at fraternity parties, the victim has been attacked by multiple assailants. These assaults are referred to as "group" or "gang" rapes.

The prevalence of gang rape is documented in a 1985 publication of the Association of American Colleges entitled, *Campus Gang Rape: Party Games?* (Ehrhart and Sandler, 1985). That report identified more than

50 incidents of gang rape that occurred at a wide range of educational institutions across the country. Most of these gang rapes shared common characteristics:

> A fraternity holds a party. In many cases, but by no means in all, a young woman has had too much to drink and/or too many drugs. Therefore, she may be unaware that the "friendly" persuasion of the brothers is actually a planned pursuit of easy prey. By the time she recognizes her predicament, her confusion has changed to fear and panic, and escape seems impossible. She is unable to protest or her protests are ignored. Anywhere from two to eleven or more men rape her.

Other Sexual Assaults on Campus

Besides rape, other felonious crimes that involve penetration include sodomy (forced anal intercourse); oral copulation (a forced act of copulating the mouth of one person with the sexual organ or anus of another); and rape by foreign object (the forced penetration of genital or anal openings by a foreign object, including a finger).

Many college women are victims of sexual assaults in which there is no penetration. An example would be an assailant's ripping off a victim's clothes and touching an intimate part of her body against her will. This type of assault is often referred to as "sexual battery," which is generally defined as the unwanted touching of an intimate part of another person, such as a sexual organ, buttocks, or breast, for the purpose of sexual arousal.

Sexual harassment is yet another form of sexual assault. It is generally defined within the campus context to mean unwelcome sexual advances or requests for sexual favors by a member of the campus community when the assailant uses, threatens to use, or implies that submission to or rejection of such conduct will have an impact upon employment or academic decisions affecting the victim. It also includes other verbal or physical conduct related to sex when such conduct has the purpose or effect of substantially interfering with an individual's performance at work or in study by creating an intimidating, hostile, or offensive environment in which to work or learn. Examples of sexual harassment on campus include a professor's exchanging grades for sexual favors from a student, or any person displaying pornographic materials in such a way as to create an intimidating and hostile work environment. Most colleges have written policies concerning sexual harassment and specific procedures for victims to obtain redress.

The Incidence and Prevalence of Rape

A rape is reported about once every six minutes in the United States (FBI, 1986). Nevertheless, *reported* rapes represent only a fraction of the number that actually occur. Victimization surveys estimate that 10 times as many rapes are committed as are reported (FBI, 1979).

About half of all reported rapes are acquaintance rapes. And, under-reporting is much more common among victims of acquaintance rape than victims of stranger rape (Abarbanel and Klein, 1981). Therefore, the actual incidence of acquaintance rape probably far exceeds that of stranger rape. Acquaintance rape is particularly prevalent among students of high school and college age.

Various surveys have attempted to determine the true prevalence of rape and the number of women who have been victimized. All of these studies document much higher rates of victimization than are found in law enforcement statistics, which reflect only cases reported to the police. For example, in face-to-face interviews, 41 percent of a randomly selected sample of San Francisco women eighteen years of age and older reported being victims of rape or attempted rape, but less than 10 percent of these women had reported their assaults to the police (Russell, 1983). In a national survey of college students, 27.5 percent of the women had experienced a rape or an attempted rape since the age of fourteen (Koss et al., 1987).

Virtually none of these victims became involved in the criminal justice system. Thus the frequency of rape is grossly underestimated in law enforcement statistics.

The Vulnerability of College Students

College students are more vulnerable to rape than any other age group. Nationally, the majority of reported victims and offenders are of college age, with the rate of rape victimization highest among 16- to 19-year olds. The second highest victimization rate is experienced by women between 20 and 24 years of age (BJS, 1985). The offender population shows a similar age distribution (FBI, 1986).

In her article "Preventing Violence on College Campuses," Mary Roark (1987) identifies some of the factors underlying campus violence and the vulnerability of college students:

> College students of traditional age are vulnerable to being victims of violence. They are typically in a new setting with a variety of environmental stressors, away from direct parental supervision and old support systems, and at an age when sexual impulses are making insistent demands. They are under peer pressure, their identities are not yet firm, their competence is not yet established, and they often have mistaken beliefs about their invincibility. They live among others who are experimenting with new freedoms. Thus, college students typically create a population at risk for victimization.

The Trauma of Sexual Assault

Sexual assault victims experience profound emotional trauma. Although victims react in different ways, common responses include initial feelings of shock and disbelief; intense fears about personal safety; preoccupation with recurrent, intrusive thoughts about the assault; sleep disturbances; anxiety; impaired concentration; mood swings; depression; and feelings of anger, shame and self-blame. These reactions are called "post-traumatic stress disorder" or "rape trauma syndrome."

Victims of acquaintance rape often experience especially intense feelings of shame and self-blame. Many also feel betrayed because they have been violated by someone they initially trusted. Some victims lose confidence in their own judgment and find it hard to learn to trust again.

Disciplinary Hearings and the Criminal Process

Campus rape is both a criminal violation of state sexual assault laws and a violation of college codes of student conduct. Thus, the offense can lead to two proceedings: (1) a criminal court case against the assailant which is filed by the District Attorney's office; and (2) an administrative proceeding initiated by the college, often referred to as a "disciplinary hearing."

In criminal proceedings, the same criminal laws and penalties apply to sexual assault by a stranger as by an acquaintance of the victim. The standard of proof in a criminal case is higher than that in an administrative proceeding. In a criminal case, the prosecutor must convince 12 jurors of the guilt of the defendant "beyond a reasonable doubt." In an administrative proceeding, guilt or innocence is established by a "preponderance of the evidence." Thus, if a prosecutor decides not to file a campus sexual assault case in criminal court, it is still very possible that the alleged assailant might be found guilty at an administrative proceeding where the standard of proof is less stringent.

The procedures for a campus disciplinary hearing are set forth in codes regulating student conduct. These regulations are generally called the Student Conduct Code of Procedures or Code of Student Conduct. Disciplinary proceedings described in these codes constitute an informal trial in front of faculty and student representatives who serve as "hearing officers." The hearing panel listens to both sides of the case, decides whether the code of student conduct has been violated, and recommends a penalty if the accused is found guilty. The head of the college generally makes the final determination based on the evidence and hearing examiners' report. Penalties include expulsion with no ability to return to campus, suspension for a specified time, exclusion from certain areas of the campus, and/or mandatory counseling. Various sanctions can also be invoked against fraternities whose members have been found guilty of sexual assault, including disbanding the chapter, restricting female guests, and informing the national office.

Chapter 3

RECOMMENDATIONS FOR NEW SEXUAL ASSAULT POLICIES, PROCEDURES, AND PROGRAMS

We recommend that colleges adopt the specific proposals presented below to help curb sexual assaults on campus and provide appropriate treatment for those students who are victimized.

Adopt and Publicize a Written Policy Condemning Rape and Other Sexual Assaults

We recommend that every college develop and distribute a clear institutional policy against rape and other forms of sexual assault to let students know that these crimes will not be tolerated on campus under any circumstances.

Since most colleges have not adopted specific written policies condemning rape, many students remain uneducated about sexual assault, their own vulnerability to attack, the devastating impact of sexual assaults upon victims, and the range of criminal and administrative penalties that can be invoked.

A printed version of the college policy should be distributed to all students, faculty members, and staff. This policy should also be discussed at faculty meetings and mandatory student orientation sessions, publicized in the campus newspaper, and integrated into course material. It should include the following information:

1. Definitions of rape, acquaintance rape, and other forms of sexual assault.
2. Data on the prevalence of these crimes and their frequency on college campuses.
3. Information about the circumstances in which campus rapes and acquaintance rapes commonly occur.

4. A description of provisions of the code of student conduct and criminal statutes that prohibit these assaults.
5. The range of administrative and criminal penalties that can be invoked against assailants.
6. The fact that excessive use of alcohol and drugs precedes many assaults, and that according to college policy, use of these substances does not diminish personal responsibility or disciplinary sanctions.
7. Ways for men and women to avoid high-risk situations.
8. Resources available to assist students who are assaulted, including counseling services.
9. A statement emphasizing the importance of reporting sexual assaults, along with procedures for reporting.

On January 26, 1987, following two sexual assaults on campus and receipt of a letter from outraged faculty members, the Chancellor of the University of California, Berkeley, Ira Michael Heyman, distributed such a policy statement to the members of his campus community. Describing his institution's commitment to preventing sexual assaults, he stated in part:

> The Berkeley Campus will not tolerate sexual assault in any form, including acquaintance rape. Where there is probable cause to believe that the Campus' regulations prohibiting sexual assault have been violated, the Campus will pursue strong disciplinary action through its own channels. This discipline includes the possibility of suspension or dismissal from the University.
>
> A student charged with sexual assault can be prosecuted under California criminal statutes *and* disciplined under the Campus' code of student conduct. Even if the criminal justice authorities choose not to prosecute, the Campus can pursue disciplinary action.

The full text of the University of California, Berkeley, policy statement is available from the University. The policy is widely recognized as having enhanced the level of understanding about rape on the Berkeley Campus.

Similar policies should be developed on other campuses throughout the country by committees recruited from all sectors of each campus. Support from campus administrators, faculty members, and student groups is vital in writing and distributing such a policy, as well as in developing other college responses to sexual assaults on campus.

vise the Code of Student Conduct

The code of student conduct at colleges can be improved dramatically by adding provisions that specifically prohibit sexual assaults on campus; that include certain rights for victims; and that establish an immediate hearing procedure to modify living arrangements if the victim and the accused live in the same dormitory. Each of these recommendations is discussed in more detail below.

Specific Code Language Prohibiting Sexual Assaults

The addition in codes of student conduct of specific language prohibiting stranger and acquaintance rape, as well as other sexual assaults, will emphasize to students the seriousness of these offenses and the commitment of the college to take action against offenders through the disciplinary process. It is one way of putting students on notice that the college recognizes the prevalence of these crimes and will not tolerate them.

Codes of student conduct establish rules for students on campus, as well as disciplinary procedures for violations of those rules. On many campuses, existing codes do not specifically prohibit rape, acquaintance rape, or other forms of sexual assault. This minimizes the seriousness of these offenses. For example, a sexual assault incident would be covered in the current University of California Code under the language that prohibits "physical abuse, threats of violence or conduct that threatens the health and safety of any person."

The University of Redlands uses similar language prohibiting "intentionally or recklessly causing physical harm to any person on University premises or at University sponsored activities."

Codes of student conduct should be revised to include rape and other forms of sexual assault as specific violations of the code. These offenses can be defined as they are in state criminal codes. The generalized health and safety language can also be retained in the code to cover circumstances that may not be included in the new, more specific wording. This change would be consistent with other provisions of these codes which specifically prohibit criminal behavior such as forgery, theft, weapon possession, and use or possession of controlled substances or illegal drugs.

In addition, colleges should consider adding to their codes or policies explanations of the difference between college rules and criminal laws and the various proceedings that can arise for violations. To educate students about the difference between criminal and administrative hearings, Wesleyan University in Connecticut has incorporated the following language into its standards:

> It should be remembered that Wesleyan also has an obligation to uphold the laws of the larger community of which it is a part. While the activities covered by the laws of the larger community and those covered by Wesleyan's rules may overlap, it is important to note that the community's laws and Wesleyan's rules operate independently and that they do not substitute for each other. Wesleyan may pursue enforcement of its own rules whether or not legal proceedings are underway or in prospect, and may use information from third party sources, such as law enforcement agencies and the courts, to determine whether University rules have been broken. Conversely, the University makes no attempt to shield members of the Wesleyan community from the law, nor does it intervene in legal proceedings against a member of the community. Membership in the Wesleyan community does not exempt anyone from local, state or federal laws, but rather imposes the additional obligation to abide by all of Wesleyan's regulations.

A Statement of the Rights of Victims

To encourage reporting of assaults and to ensure fairness to victims throughout the disciplinary process, we recommend that colleges include in their student codes a statement of the rights of victims during disciplinary proceedings conducted by the college.

Most student codes do not set forth any rights that victims should have in the disciplinary process; they discuss only the rights of the accused. Several Rape Treatment Center cases demonstrate the need for codes to articulate some fundamental rights of victims. In one recent case, a college did not allow a victim to be accompanied by her mother or her rape counselor during the disciplinary hearing at which she had to testify because it was not provided for in the college's administrative code. The victim decided the process was weighted against her and chose not to participate in the hearing.

In another case, the victim was informed that she could not be told of the outcome of the disciplinary hearing involving her assailant because the result was confidential under state law.

In many cases, victims have not wanted to testify unless they could be assured that their irrelevant past sexual history would not be discussed. This is a protection provided by state criminal laws, but it is not contained in codes of student conduct. Most victims do not want to participate in a process where they feel they are being put on trial and harassed by irrelevant questions.

To remedy these problems and to provide victims with rights that do not jeopardize the due process rights of the alleged assailants, we recommend that colleges add to their codes the following victims' rights during the disciplinary process:

- The right of a victim to have a person or persons of her or his choice accompany her or him throughout the disciplinary hearing.
- The right to remain present during the entire proceeding.
- The right, as established in state criminal codes, not to have his or her irrelevant past sexual history discussed during the hearing.
- The right to make a "victim impact statement" and to suggest an appropriate penalty if the accused is found in violation of the code.
- The right to be informed immediately of the outcome of the hearing.

Procedures to Modify Living Arrangements if the Victim and the Accused Live in the Same Dormitory

When the victim and the alleged assailant in a sexual assault case live in university housing or within close proximity of one another, there must be a fair and immediate way to determine alternative living arrangements.

Most college codes do not provide for a fair hearing process that can be invoked immediately. A campus disciplinary hearing in a rape case often does not take place until several months after the assault. Thus, in many cases, the victim and the accused remain living in the same facility for months until the disciplinary process is completed.

Because there are no procedures for changing living arrangements immediately after an assault, the victim may be unable to avoid seeing the accused every day. Many victims have reported being harassed and humiliated by their assailants. Continued proximity to the assailant is a tremendous source of increased trauma and terror for the victim. However, victims feel that they should not be further victimized by having to move to relieve these stressful circumstances.

To prevent this situation, we recommend that colleges establish a fair way to move one of the students. One such method would be to set up an immediate hearing process for these cases. The sole purpose of the hearing would be to determine alternative living arrangements for the accused and/or the victim. The appropriate standard of proof should be similar to that used at a preliminary hearing in criminal proceedings, i.e., whether there is sufficient evidence to believe that a crime was committed and that the accused probably committed it. This is also known as a "strong suspicion" or a "probable cause" standard.

Some colleges have facilitated the decision regarding living arrangements by counseling both students, rather than through a formal process. The advantage of this procedure is that it can be accomplished immediately, whereas a hearing with proper notification is likely to take several days or longer. At some campuses, the Dean of Students can also issue an interim restraining order to help ensure that the victim is not harassed by the alleged assailant.

Institute Campuswide Programs to Educate Students and Other College Personnel About Sexual Assaults

Colleges should implement a variety of effective educational programs to inform all students and other college personnel about sexual assaults on campus. These programs should be designed to disseminate factual information about sexual assaults, promote open discussion, encourage reporting, and provide information about prevention to faculty, staff, and both male and female students.

At most colleges and universities today, few students, faculty, or staff are alerted to crucial information about sexual assaults, especially acquaintance rape. Many people have misconceptions about these crimes which enhance their vulnerability to victimization. To assist them in avoiding and managing high-risk situations, students need critical factual information about the prevalence of stranger and acquaintance rape, how and where it happens, its impact, and the role of alcohol and drugs in sexual assaults. Although many campuses have developed impressive educational materials concerning acquaintance rape and other kinds of sexual assaults, the number of students educated by these materials and in college-sponsored discussions is very small. None of the college students we have treated at the Rape Treatment Center—victims from more than a dozen different

campuses across the country—had ever read any materials disseminated on their campuses about sexual assaults.

It is crucial for colleges to determine how they can most effectively impart information about sexual assaults to students. It is not sufficient to develop policies, brochures, and other informational materials if these items are not distributed in a way that emphasizes their importance and provokes the interest of students. It is highly unlikely, for example, that most students would read a short description of sexual assaults that is buried within a lengthy student handbook. Information about sexual assaults should be imparted in person, i.e., in the classroom and during student orientation, and also through written communications that are sent directly to students, such as in a personal letter addressed to each student from the college president.

In order to have effective sexual assault education and prevention programs on campus, colleges should:

1. Provide comprehensive information about acquaintance rape and other kinds of sexual assaults during mandatory student orientation meetings and at other sessions which students are *required* to attend.

   The college policy prohibiting sexual assault in the student conduct code should be distributed along with other educational materials. Since most students attend orientation meetings, this forum is an opportunity to impress upon every incoming student the prevalence of sexual violence, the circumstances under which it occurs, and what options are available if someone is victimized. Similar information should be distributed as part of rush week as well. Presenting compelling factual information about sexual assaults during the orientation process and rush week is particularly important because students appear to be especially vulnerable to these crimes during their freshman year.

2. Sponsor periodic dorm or floor meetings, as well as meetings at every fraternity and sorority, to discuss students' concerns about sexual assault. These educational sessions should be scheduled on a regular basis to ensure that every student at the school receives this critical information.
3. Write and distribute a sexual assault awareness pamphlet that includes definitions of sexual assaults, information about their prevalence, how and when sexual assaults generally occur on campus, options and services available for victims, and possible penalties for assailants. A special pamphlet should be developed and targeted directly to men, who are traditionally more difficult to reach with this important information.
4. Provide special mandatory educational programs about sexual assault for faculty and other staff. These programs should include the same general information and educational materials that students receive, as well as specific training regarding relevant college policies and protocols that set forth guidelines for how to respond to incidents that are reported. Very often, students who are victimized turn to a trusted professor or advisor for help. As representatives of the college, these people must be prepared to respond in an appropriate and sensitive way, within the guidelines of established policies and procedures.
5. Make rape awareness seminars a mandatory requirement for groups applying to become registered student organizations and ensure that such seminars are conducted by a well-trained facilitator or counselor.
6. Encourage fraternities, the site of many sexual assaults, to take a public stand against acquaintance rape, as Pi Kappa Phi did in August 1985 when its members unanimously passed a statement condemning sexual assaults.

7. Develop a letter to be delivered to all fraternity officials at the beginning of each year detailing regulations to be followed at fraternity parties and indicating that the fraternities will be held responsible for any illegal activities.
8. Provide special sexual assault seminars for coaches of male teams and players, since many sexual assault incidents involve student athletes.
9. Encourage faculty to introduce information about sexual assault into readings and discussions in various relevant classes such as sociology and psychology.
10. Use the campus media—newspapers, radio, and television—to heighten awareness of campus violence and its prevention. Media reports should focus on the extent of the problem on campus, the institution's response, and self-help measures that should be taken.
11. Provide educational information about the involvement of alcohol and drugs in acquaintance rapes and other sexual assaults. In many campus acquaintance rape cases, both the victim and the accused had several drinks before the assault or assaults occurred. Indeed, alcohol and/or drugs were involved in every one of the fraternity gang rapes identified in a 1985 Association of American Colleges' study of campus gang rapes (Ehrhart and Sandler, 1985). As the study indicated: "These substances are not the direct cause. But their mood-altering effects apparently help to set the stage by reducing men's inhibitions and helping them excuse or rationalize abusive behavior. It weakens a woman's ability to assess dangerous situations, and diminishes her capacity to take effective steps to safeguard herself."

    This critical information should be included in every educational seminar and publication on acquaintance rape, and every effort should be made to ensure that campus social activities are safe and adequately monitored.

12. Design activities and informational materials that develop a sense of mutual responsibility among college students, encouraging them to watch out for one another at parties and other group social events.

The need for public education about sexual assault and child abuse was emphasized by the California Legislature three years ago when it passed AB 2443 (Waters), which mandates and funds abuse awareness and prevention programs for children in public schools. It is equally important for legislatures to require sexual assault awareness programs on state-controlled college campuses.

In fact, last year the California Legislature passed ACR 46 (Hayden), a resolution which called upon state universities and colleges to (1) incorporate policies regarding sexual assaults and rights of victims into their disciplinary codes; (2) provide all incoming students with basic information about rape; (3) compile data on sexual assaults that occur on campus; and (4) publicize the data collected.

As awareness of sexual assaults on campus has increased, many colleges, universities, and fraternity and sorority chapters are implementing new awareness programs for students. Examples include the following:

- At Stanford University, every new student takes part in a discussion about rape during orientation. A student film of an interview with a woman who was raped by her boyfriend, entitled "Rethinking Rape," is shown in each dorm. An annual Rape Awareness Week, a "Rape Handbook," and workshops on the issue of consent directed toward men are also a part of this campus' multifaceted rape prevention program.
- At the University of California, Los Angeles (UCLA), free self-defense workshops are provided for students, staff, and faculty; safety bulletins are issued after a reported sexual assault, with a composite picture of the assailant and a brief description of the assault (one that protects the anonymity of the victim); and rape awareness programs are conducted during the new student orientation and are

part of sorority and fraternity rush week activities. UCLA also sends letters to all registered student organizations on a quarterly basis and to each fraternity, sorority, and residence hall, offering to conduct rape awareness workshops for each group. In addition, the University has implemented an excellent protocol which describes precisely how staff are to respond to sexual assault cases.

- Yale University has a Rape Awareness Project that sponsors annual events, including a confidential survivors' workshop, a "Men's Only Session" to talk about attitudes that lead to sexual assaults, and a discussion of the "Rethinking Rape" film. Yale also has student escort patrols, security transportation to campus locations, and emergency telephones located at strategic points on campus to facilitate urgent requests for assistance.
- Dartmouth College recently combined the issue of acquaintance rape with freshman orientation programs that deal with substance abuse and relationships. These programs include role-playing scenarios designed to generate student discussion. Student advisors also work closely with new students to train them on the issue of acquaintance rape. In addition, a "Dater's Bill of Rights" is widely circulated by Dartmouth's Date Rape Prevention Program.
- Michigan State University has staged a mock trial based on an actual incident of acquaintance rape, using a real judge and defense and prosecuting attorneys, as well as student volunteers who played the victim and alleged rapist.
- At Washington State University, police conduct a workshop entitled "When Sex Becomes a Crime" for various groups to remind students that sexual intercourse without consent is considered rape in that state.

- Pi Kappa Phi fraternity has produced a widely circulated poster on date rape. The poster features the art print, "The Rape of the Sabine Women," above the words, "Today's Greeks Call It Date Rape. Just a reminder from Pi Kappa Phi. Against her will is against the law" (*Time*, March 23, 1987).
- The National Interfraternity Conference delegates unanimously passed a resolution last fall recognizing "inappropriate behavior in human interaction" being practiced by some members and calling upon each fraternity to intensify efforts to educate members in "positive human interaction."
- Several fraternities have adopted policies like the one set forth by the Supreme Council of Sigma Alpha Epsilon:

  > SEXUAL ABUSE: The Fraternity will not tolerate nor condone any form of sexually abusive behavior on the part of its members whether physical, mental or emotional. This is to include any actions that are demeaning to women including, but not limited to, date rape, gang rape, or verbal harassment. Any such actions will be cause for expulsion of individual offenders and/or charter suspension (*The Record of Sigma Alpha Epsilon*, 1987).

  This position statement is contained in a pamphlet sent to each chapter house and distributed to all new fraternity members.
- At the University of Arizona, students produced and distribute a date rape awareness film, and the University circulates its informative "Acquaintance/Date Rape Resource Guide."
- At Cornell University, student actors play the roles of date rapists and victims, then stay in character to restage the scenes along new lines suggested by members of the audience.

As Mary Roark pointed out in her article, "Preventing Violence on College Campuses (1987)," education itself is a natural tool for the prevention of violence. Education about rape and other forms of violence can take place in existing courses, particularly in fields such as sociology, psychology, criminology, women's studies, and health. The primary mission of the university is education, and that mission can be used very effectively to reduce sexual assaults on campus.

Establish a Comprehensive Program for Assisting Victims

A comprehensive program for assisting victims should include a written protocol for handling sexual assault cases, medical treatment, therapy, victim advocates, an informational brochure, training for college personnel, and procedures for coordination with local police agencies. Each of these components is discussed below.

Written Protocol for Responding to Sexual Assault Cases

A written procedure or protocol should be implemented to guarantee that victims receive needed treatment and information and that appropriate personnel are notified when a sexual assault occurs.

Sexual assaults occur in many different circumstances and locations on college campuses. It is important to try to anticipate possible scenarios and to set forth in writing how college personnel should respond and whom they should notify. Specifically, a college protocol should contain at least the following information:

1. The college policy regarding sexual assaults on campus.
2. Personnel in the college community who should be notified, and procedures for notification, with the consent of the victim.
3. Legal reporting requirements, and procedures for fulfilling them.
4. Services available for victims, and personnel responsible for providing these services, such as the person assigned to transport the victim to the hospital, to refer her to a counseling center, and to notify the police, with the victim's concurrence.
5. A description of campus resources available to victims, as well as appropriate off-campus services.
6. Procedures for ongoing case management, including keeping the victim informed of the status of her case and helping her deal with academic difficulties that may arise because of the victimization and its impact.
7. Procedures for guaranteeing confidentiality and appropriately handling requests for information from press, concerned students, and parents.

Each protocol should ensure that victims receive information about the existence of at least the following options: criminal prosecutions, civil prosecutions, the disciplinary process through the college, the availability of mediation, alternative housing assignments, and academic assistance alternatives.

Recently, UCLA adopted such a protocol drafted by a special committee comprising students, staff, and faculty. The committee held many meetings and invited victims, counselors, community organizations, and other interested parties to participate in developing and reviewing the protocol.

Immediate Medical Treatment

It is very important to obtain immediate medical care following a sexual assault, both to provide for the victim's well-being and to document and collect physical evidence of the assault. Victims should receive this specialized care at a facility with personnel trained to conduct medicolegal examinations for law enforcement agencies. The victim should be examined as soon as possible to prevent the

deterioration of evidence. Even if a victim has no apparent injuries, she may be in shock and may have internal injuries of which she is not aware. She also should discuss with the doctor the risk of sexually transmitted diseases and pregnancy.

Referral to Free, Trained Therapists

The serious psychological injury caused by a sexual assault often results in long-lasting emotional stress. The common responses of victims to rape—fears about personal safety, sleep disturbances, flashbacks, anxiety, preoccupation with the assault, impaired concentration, feelings of shame, self-blame, and anger—are reactions that a trained therapist can help the victim deal with. Talking about the experience with a professional counselor also relieves some of the control the assault has over the victim and is crucial to beginning the process of recovery. Therapy services should also be made available to friends, partners, and parents of victims.

Availability of a Victim Advocate

The victim needs to have *one* person to assist her after the assault. Many victims meet with more than a dozen people as they go through initial interviews relating to the disciplinary and criminal proceedings. It is easy to be confused by the various proceedings and the roles of the many officials involved in the process. One person, a victim advocate or sexual assault services advocate, should be available to help simplify the process for the victim. The advocate should inform the victim of all her options and rights, advise her regularly of the status of her case, and accompany her throughout criminal and administrative proceedings. A person who is well-trained about available options is needed to provide continuity, as well as advocacy in case the system breaks down.

An Informational Brochure for Victims

After an assault, most victims have many questions about what to do. Each college should develop a brochure that answers these questions and contains information about reporting the crime, medical treatment, victims' rights, criminal and disciplinary proceedings, the need for professional counseling, campus personnel and services available for victim assistance, testifying in court and in administrative hearings, feelings and reactions experienced by most victims, and ways to deal with those feelings.

The purpose of such a brochure would be to set forth in writing the information imparted to victims by the victim advocate. The role of both the brochure and the victim advocate is not to convince the victim that any particular course of action is preferable to another, but to enable her to make her own informed choices.

Training for College Personnel Assisting Victims

All personnel who potentially may interact with sexual assault victims should be prepared to respond appropriately. Such personnel include faculty, administrative, residential and housing personnel, campus police, security officers, staff who work in student health and mental health services, and students who work in campus residential facilities, women's centers, escort and transport services, and other campus organizations. These are the people who will, in effect, represent the college if a victimized student turns to them for help. Therefore, the college should ensure that they are well educated about sexual assault, informed about college policies prohibiting this behavior on campus, and trained to implement the college protocol for responding to this crime when it occurs.

College personnel are often the first to be notified about a sexual assault. They see the victim at a time when she is in a highly traumatized state and prior to the arrival of the police. Therefore, they also need to be knowledgeable about crisis intervention techniques and evidentiary issues so they can give "psychological first aid" and prevent the irretrievable loss of important information. For example, if a student informs the residential advisor in her dorm that she has just been raped in her room, the advisor should be prepared to support the student psychologically, as well as provide information about preserving evidence, such as the importance of not bathing or washing until after she has had a medical examination.

Although a written protocol for responding to sexual assault cases is an essential element of a college's victim assistance program, a protocol is only as effective as the people responsible for its implementation. Therefore, in-depth training is critical. It gives college personnel the tools they need to respond effectively in highly sensitive crisis situations.

Coordination with Local Police Agencies

Colleges and local police agencies should establish written procedures that set forth ways to cooperate and share appropriate evidence. An agreement might include procedures for ensuring that police give the college timely copies of reports and documents relating to medical evidence in cases where the victim consents to sharing this information. M[illegible] have not established procedures to obtain needed evidence from the police for possible disciplinary hearings. Since campus acquaintance rape violates both the state's criminal law and the college's code of student conduct, the crime can lead to two separate hearings: the university's disciplinary hearing and a criminal court proceeding. Because the criminal court process generally takes many months (the average case does not go to trial for at least six months), the college disciplinary hearing is usually held first. Evidence collected by the police for a criminal case may also be crucial evidence in the administrative proceeding. We know of no current procedures to ensure that appropriate evidence, such as medical and police reports, is shared in these cases.

Encourage Victims to Report Sexual Assaults

We again stress that it is critical for colleges to adopt policies that encourage victim reporting of sexual assaults to deter these assaults from happening to others and to ensure that victims receive the services they need. Taking action and reporting the crime also give victims a feeling of control and enhances their recovery.

As indicated in the introduction to this report, the vast majority of sexual assault victims never report their assault, for various reasons. Many are afraid their assailant will retaliate against them if they report the crime. Others believe that friends and family will criticize and blame them. Some feel that the system will, in effect, put them on trial. And many fear that publicity and lengthy proceedings will jeopardize their college career. Unfortunately, the low reporting of sexual assaults encourages assailants to attack other students.

If implemented, all of the recommendations described in this report will assist victims in overcoming fears abut reporting. For example, including the rights of victims in student codes will encourage reporting because victims will be guaranteed basic protections in the disciplinary process and will be less fearful of being put on trial themselves. Establishing protocols and training campus staff and others who interact with rape victims to be sensitive to their needs will also encourage victim reporting because it will increase their confidence and trust in the system.

Colleges should consider adopting a policy of not penalizing sexual assault victims for minor infractions of the code of student conduct if they report the assault. In a recent Rape Treatment Center case, a student who had been raped by a campus athlete was advised by a college representative that if she pursued the case through the disciplinary process she would also probably be disciplined for violating the college's rules against drinking on campus. The victim decided not to insist on a disciplinary hearing because she feared that it would harm her own college career.

Since many sexual assault cases at colleges involve illegal drinking on campus by both assailant and victim, rape victims must be guaranteed some kind of immunity from disciplinary action if the college is serious about encouraging sexual assault reports.

Gather and Disseminate Information Regarding Sexual Assaults

Collecting Statistics

Campuses should establish a comprehensive data collection system regarding sexual assaults and use the information they collect to develop campus safety programs.

The data collection process on campuses should not rely solely on reports made to the police or school officials, since the vast majority of rape victims do not report the crime to official sources.

There are several ways to gather more accurate and complete information. First, colleges should identify all places where students might report an assault (e.g., confidential campus counseling services or nearby treatment centers) and ask officials at those places to keep track of important statistics. These statistics should include the number of student sexual assault victims coming to the facility; whether the assailant in each case was a stranger or an acquaintance; and the location and circumstances of the assault. Such statistics could be compiled without compromising the confidentiality of the victims. To facilitate gathering crucial information, colleges should provide cooperating agencies with a form to fill out for each case and should require victim consent.

Second, the campus might sponsor a confidential survey of students similar to the studies cited earlier in this report. Anonymous questionnaires could be administered annually to faculty, staff, and students regarding violence, victimization, and attitudes. The results of these surveys should be widely disseminated. Such surveys provide a unique means for colleges to gain access to information about the vast number of sexual assaults that go unreported.

Finally, colleges should institute other confidential reporting procedures to assist in gathering information about assaults on campus. Confidential report forms or a third-party reporting system could be provided to enable victims to communicate pertinent information via a third person and thereby protect their anonymity.

Distributing Information

It is critical that information about the prevalence of sexual assaults and how and where they occur be published regularly, so that students, faculty, and staff can take appropriate preventive measures. As indicated above, the failure to warn students of known or likely risks may well increase a college's liability in the event of an assault on campus.

Wesleyan University regularly issues a description of campus assaults through its Office of Public Safety. A recent crime prevention bulletin sent to the Wesleyan community read as follows:

> On February 6, 1988, at approximately 10:00 PM, a female Wesleyan student entered the Campus Center elevator with an unidentified older male that she met earlier at a campus event. While in the elevator, the suspect made sexual contact with the victim. The victim struggled and when the elevator door opened the suspect stopped.
>
> The suspect is known to have attended the Wesleyan Review in Crowell Concert Hall earlier that evening. He is described as being a white male in his sixties with shoulder length stringy grey hair and a stubble beard. He is approximately six feet tall with a slim build and was walking with a limp. He was wearing a long blue coat, blue pants, and tennis shoes. His first name may be Joe.
>
> Anyone having seen this suspect or who has any information about this suspect should contact Public Safety at 344-7990.

In the preface to the pamphlet "Security at Yale," Yale University issues a strong warning to students about the prevalence of crimes on campus:

> While Yale's courtyards and cloistered buildings may appear to provide a sheltered community, we have many of the same crime problems that exist in any city. By their very nature, universities are inviting targets for criminals. Yale is no exception.
>
> Most crimes at Yale are committed by people who pass for students and enter university buildings. These criminals also know that students often prop open university gates and doors for their own convenience or for the convenience of others. They know too, that college students—indeed, all members of the academic community—are sometimes less

than careful about guarding their property on campus, that they are not "street smart" when walking about the city.

So take the advice and information in this booklet seriously to make your life at Yale as secure as possible. Read our suggestions carefully and follow them from now on. The University police force will do everything it can to make Yale a safe place for you. But bear in mind that security is not just police business. Police officers need your help and cooperation to continue to make Yale a safer place.

Don't be passive, therefore, about security at Yale. And if you have an idea about a better way to fight crime, let the University know what it is. Yale has a Security Committee which reviews security services and advises the administration on ways to make the Yale community safer. Security Committee members urge you to bring them your concerns, observations and recommendations on security matters. It's easy to place an item on the Committee's agenda—just call or write the Secretary of the University at Woodbridge Hall.

This kind of warning and invitation should be disseminated widely at all colleges. In addition, colleges should take the following actions:

1. Advise students immediately through letters and the campus newspaper of all serious violent assaults on campus and include a composite drawing of the assailant if he is still at large.
2. Distribute regularly statistics regarding all sexual assaults and other violent crimes on campus, accompanied by advice about security measures.
3. Establish a security task force to review all violent crimes and make recommendations about security measures and the most effective ways to publicize campus crimes.
4. Develop a policy regarding distribution of information about crimes which protects the confidentiality of victims.

Implement Security Measures Designed to Reduce the Likelihood of Victimization

Each college should establish a task force responsible for reviewing crimes on campus and implementing ways to prevent dangerous situations. In his article on minimizing liability for the college administrator, Steve Batson (1986) compiled some excellent recommendations:

1. Increase security lighting in problem areas with regular monitoring and maintenance.
2. Scrutinize landscaping patterns to avoid hiding places near dormitories, parking lots, and remote locations.
3. Review class scheduling to avoid scattered evening classes in remote buildings.
4. Install security telephones at potential trouble spots, with direct connection to the security offices.
5. Increase dormitory security, including deadbolt locks.
6. Provide adequate security officers who have had special rape prevention and sensitivity training.
7. Have evening escort services provided by security or campus organizations.

The Commission on California State Government Organization and Economy in a 1987 report on University of California campus violence cited new measures adopted at UCLA as being useful security measures for other campuses. These included:

1. A 24-hour card entry control system for the main doors of each dormitory.
2. Self-locking doors on each residence room.
3. Staffing of a front desk in each dormitory foyer from midnight to 6:00 a.m.
4. Periodic internal and external building patrols by community service officers.

5. Hiring dozens of students to increase first-floor entry control and floor monitoring functions throughout the night, especially on weekends.
6. Placement of additional "card readers" inside each high-rise at key entry points.

Implementation of these kinds of security measures is critical not only for student safety but also for reducing the risk of university liability resulting from crimes on campus.

ORDER FORM

SEXUAL ASSAULT ON CAMPUS: WHAT COLLEGES CAN DO

RAPE TREATMENT CENTER
SANTA MONICA HOSPITAL MEDICAL CENTER
1250 Sixteenth Street
Santa Monica, California 90404

Enclosed is a complimentary copy of Sexual Assault on Campus: What Colleges Can Do. Additional copies of this report may be purchased from the Rape Treatment Center for $5.00 per booklet. Purchase price includes shipping and handling.

* * * *

Enclosed is a check in the amount $_____ made payable to: RAPE TREATMENT CENTER for _____ copies of SEXUAL ASSAULT ON CAMPUS: WHAT COLLEGES CAN DO. All orders must be prepaid.

PLEASE SHIP TO:

Name: _____

Organization: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

_____
Person to contact regarding this order Area Code Number

PLEASE MAIL THIS ORDER FORM AND YOUR CHECK TO:

Rape Treatment Center
Santa Monica Hospital Medical Center
1250 Sixteenth Street
Santa Monica, California 90404

THE FILM

A compelling film —"CAMPUS RAPE"—examines the widespread problem of sexual assaults on college campuses and provides crucial information about the prevention of these crimes.

This powerful 20-minute film, hosted by L.A. LAW stars Susan Dey and Corbin Bernsen, explores campus rape and its impact through interviews with four college students who were assaulted on campuses throughout the country. Two of the students were attacked by strangers; the other two were raped by people they knew.

The film provides critical information for the college community:

- Facts about stranger and acquaintance rape
- How and where these crimes are likely to occur
- The impact of sexual assaults upon victims
- The role of alcohol and drugs in sexual attacks
- Techniques students can use to prevent campus rape

Discussion Guide.

The film is accompanied by a "Discussion Guide" that facilitates its use in various settings and programs on college campuses.

The Guide explains the purpose of the film, gives a synopsis of its contents, and offers suggestions for introducing the film to a college audience.

Because rape is a sensitive topic, special tips are provided for conducting a discussion with students after the film has been viewed.

The Guide also provides sample trigger questions and answers that can be utilized to structure the post-film discussion.

Recommended Presentations.

"CAMPUS RAPE" was designed to be shown in the following settings:

- College orientation sessions, especially for incoming freshmen
- Residence halls and campus housing
- Fraternities and sororities
- Special orientations for athletes
- Educational programs for faculty and staff
- Rape awareness and prevention programs on campus
- College classes in subjects ranging from psychology and sociology to health and law

ORDERING INFORMATION

In order to maintain a low purchase price, we are not offering this tape for preview or rental. *The package is available for purchase only.* All orders must be accompanied by payment. The purchase price includes a Discussion Guide and postage and handling. This form must accompany payment.

Also available for purchase are the Rape Treatment Center's other campus rape education and prevention materials.

PLEASE SEND US THE FOLLOWING MATERIALS:

_____ copies at $50.00 each of the "CAMPUS RAPE" videotape in ½" VHS format and the companion Discussion Guide **TOTAL CHARGE $**_____

_____ copies at $5.00 each of the publication *SEXUAL ASSAULT ON CAMPUS: What Colleges Can Do* **TOTAL CHARGE $**_____

TOTAL ENCLOSED $_____

Make check payable to and return to:
RAPE TREATMENT CENTER
Santa Monica Hospital Medical Center
1250 Sixteenth Street
Santa Monica, CA 90404

Name _____

Position _____

College/Organization _____

Address _____

_____

City _____ State _____ Zip _____

Telephone (_____) _____

Preventing Violence in a Violent Society: Primary and Secondary Prevention

BOSTON GLOBE 22/4/88

Preventing violence by understanding anger

By Beth Daley
Contributing Reporter

Keith Lombard, 13, of South Boston had his own way of handling arguments.

Until last year, he said, if anyone approached him and started mouthing off, he would solve the immediate problem with a quick left or right.

Now, Lombard said, he solves fights with his hands down – and his mind open.

"I realized when I fought, I wasn't solving anything," Lombard said during a violence-prevention workshop at the Boys and Girls Clubs in South Boston. "Now, I take a look at people who come up to me and I say, 'Why do you say stuff like that?' Then I usually walk away because they don't say much of anything important. People like that aren't worth my time anymore."

Lombard is one of hundreds of youngsters in the Boston school system who are learning that violence can be prevented.

"People die from violence, like any other disease," said Joanne Taupier, project coordinator for the Violence Prevention Project at Boston City Hospital. "So it makes a whole lot of sense to fit in a health regime."

Started in 1986 by Dr. Deborah Prothrow-Stith, the current state Public Health commissioner, the project now includes two-week programs for high school students in health classes and community schools and a Friends-for-Life advertising campaign across the city. It also serves as a model for other cities across the country.

Instructors say the course is necessary because violence is the second-leading cause of death among people ages 15 to 24 and the leading cause of death among blacks in the same age group.

"We have to show these kids that there are alternatives to violence," Taupier said. "We have to teach them to find humor, throw a curve when violence is pointed at them." Kids need an opportunity to back down, one where they are going to preserve their honor."

The 10-class curriculum designed by Prothrow-Stith and others is geared toward going through the various levels of anger and stopping the anger before it erupts into violence.

Although the program was originally designed for 10th graders, classes for younger children are sprouting up in community centers.

"It's a problem at any age," said Roberta Reich, who helps teach the course at the Boys and Girls Clubs in South Boston. Reich works at the South Boston Health Center as part of the Community Youth Program.

The classes in South Boston are aimed at 13- to 15-year-olds only and are held once a week.

"It's different for kids a little younger," Reich said, "because most of them haven't really interacted with homicide yet, but the pieces are there. This is a vital program at any age."

The key to the success of the program, instructors say, is interaction between students.

In the first session, the word "violence" is written on the blackboard. Students are asked to come up with related words.

Words such as "drinking," "drugs," "anger" and "friends" come to mind when students think of violence, Taupier said. After those are written down, the instructors and students try to figure out why students can not deal with their anger, or why drinking leads to violence.

"And it really works," said Cindy Laba, the education director for the Boys and Girls Clubs in South Boston who started the violence-prevention program there. "Kids tell us that they're not fighting so much anymore – they are dealing with their anger. That is so important in preventing deaths because of violence."

Students also videotape each other acting out picking fights during the classes to learn how their arguments can result in violence.

In South Boston, some of the 12 students who took the voluntary course called Friends-For-Life said it has helped.

"I can tell it's worked," said Melissa Hill, 13, of South Boston. "We learned how to deal with anger. I was fighting with my girlfriend two weeks ago over nothing important, and we were getting ready to fight. All of a sudden, I stopped and asked her, 'Why are we doing this?' And we stopped fighting and talked about it."

Others said they still fight sometimes but have learned they gain more respect by not throwing punches.

"I still get in fights but not as much as I used to," Lombard said. "Yeah, at first I thought people wouldn't think I was cool, but now I don't care what they think. I just don't let people bother me the way they used to."

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
150 Tremont Street
Boston 02111

Michael S. Dukakis
Governor

Philip W. Johnston
Secretary

David H. Mulligan
Commissioner

TO: The Governor's Statewide Anti-Crime Council

FROM: Paul Bracy
Office of Violence Prevention

DATE: February 12, 1990

RE: Comprehensive Community-Based Violence Prevention

MEMORANDUM

The attached presentation has been prepared to provide you with an update of the Department of Public Health's Office of Violence Prevention. Also, this presentation provides a comprehensive look at what is known about youth violence, discusses the need for a comprehensive community-based approach to address youth violence and makes recommendations for the criminal justice system in support of violence prevention.

The recommendation made in this presentation for a comprehensive community-based intervention is a massive and complex task, but so is the devastation caused by youth violence. If we are serious about preventing youth violence, then we need to be prepared to address the issue in its totality.

Attachment

OFFICE OF VIOLENCE PREVENTION

The goals of this office are built on the work begun by Doctors Deborah Prothrow-Stith and Howard Spivak while on the staff at Boston City Hospital. This work included a demonstration project of a comprehensive community-based violence prevention project, targeting adolescents within the neighborhoods of Roxbury and South Boston. The Boston project is currently under it final phase of evaluation.

As a result of their work and the commitment of Governor Dukakis, the Massachusetts Committee on Criminal Justice (MCCJ), in October of 1988, awarded the Department of Public Health (DPH) a $60,000 grant to establish an Office of Violence Prevention (OVP). The overall goal of OVP as stated in the original request for funding was "... to coordinate and expand violence prevention activities related to interpersonal violence and intentional injury. These funds will be used to set up several pilot programs in high risk communities around the Commonwealth to integrate violence prevention activities into schools and other community settings. The program will target educational efforts in collaboration with the police, schools and community organizations to reduce the development of violent behavior among adolescents and young adults."

The office is currently funded through June of 1990.

ACTIVITIES UPDATE

In January 1989, I was appointed the Director of the Office of Violence Prevention. During this past year, I have attempted to develop the office in a manner which fosters collaboration and information sharing. My activities have been focused on;

- understanding the needs of various high risk communities,

- developing relationships with the various units within DPH who address issues of interpersonal violence, injury prevention, and alcohol and drug abuse prevention,holding discussions with other state agencies concerning how violence prevention can be integrated into the various programs they fund or will be funding,

- and providing workshops to a number of state agencies, such as the Department of Social Services and the eight regional prevention centers across the state.

Some of the specific achievements of the office have been;

- development of a broad-base network of violence prevention practitioners from across the state,

- the implementation of violence prevention education within the eight regional prevention centers,

- in collaboration with the Visions program of Channel 56 the development and airing of six 1/2 hour television shows examining different aspects of interpersonal violence from child abuse to elderly abuse,

- working with the Lawrence community to develop a comprehensive community-based violence prevention initiative,

- in collaboration with DPHs Women's Health Unit, the development of a workshop which assists professionals integrate violence and substance abuse prevention education,

- in collaboration with the Governor's Alliance Against Drugs (GAAD), and DPHs Substance Abuse Prevention Unit, the development of a process where violence prevention education will be included in their funded programs,

- have developed a national recognition of Massachusetts as a leader in addressing interpersonal violence,

- have held meetings with a number of state legislators to stimulate support for the office,

- have worked closely with individuals, groups, and agencies in Boston to develop support for the recommendations made in the "Boston Adolescent Violence Task Force Report,

- development of a proposal for expanded funding to provide more in-depth training in interpersonal violence prevention programs for state agencies and communities they fund. This proposal is currently being considered for funding by MCCJ and GAAD.

YOUTH VIOLENCE - WHAT DO WE KNOW

INTRODUCTION

Violence does not occur in isolation of a number of other social ills, in-fact it may be one of the manifestation of these ills. Attempts to address this problem has traditionally been the mandate of the criminal justice system. However, in reality a number of professions are affected and involved in addressing violence, through providing services to those injured both physically and psychologically. Further, families and friends of both the victim and perpetrator are impacted in profound ways and also require services from helping professionals.

While criminal justice interventions are important and necessary, the interventions of the various human service system, which must deal with the residue wrought by violence, are equally important. A closer evaluation of strategies of both systems reveal that they are not "either or" interventions, but rather interventions which occur at various points in a person's life cycle. In some cases these strategies overlap as when mental health services for violent behavior are being provided to an someone who is incarcerated. In-fact both systems are necessary and compatible because they are providing a continuum of services and interventions.

Most of the data presented in this report was compiled from other sources. I want to especially acknowledge the Education Development Center Inc. for gathering a wealth of data on interpersonal violence and publishing it in the excellent text - "Injury Prevention: Meeting the Challenge". Without the text as a resource I would not have been able to provide this report in the time frame I was given.

HOMICIDE PROFILE

To address the problem of youth violence, it is essential to understand the characteristics of, and the contributing factors associated with violent behavior of which homicide is the most extreme outcome. Stereotypes which suggest that most homicides are related to criminal activity, are premeditated, or racially motivated are incorrect.

TYPICAL HOMICIDE PROFILE

- MALE
  (frequently poor, young, and a member of a minority group, males are many more times likely to die of homicides than females - 83% of male homicide victims are killed by men, 90% of female homicide victims also are killed by men).

- KILLED BY SOMEONE THE VICTIM KNEW
  (50%-70% of the time).

- PRECIPITATED BY AN ARGUMENT
  (47% of the time).

- SAME RACIAL GROUP
  (80%-90% of the time).

- ALCOHOL OR OTHER DRUG USE
  (greater the 50% of the time victim has elevated blood alcohol level - National Institute on Drug Abuse estimates, conservatively, that at least 10% of homicides and assaults are drug related).

- HANDGUN IS THE WEAPON OF CHOICE
  (50% - handgun, 13% - rifle/shotgun, 19% - knife/sharp object)

In 1986 there were 21,400 homicides. The racial distribution was:
- white victims approximately 50% or 10,700,
- black victims approximately 45% or 9,630,
- other victims approximately 5% or 1,070.

"...research suggests that most homicide victims are young males who frequently are members of minority groups and who usually know their killers. Although the largest number of homicides occurs among whites, more lives are lost to homicide among blacks 15 - 34 years of age than to any other cause of death, including other injuries, suicide, heart disease, and cancer. Young black males are at especially high risk of death from homicide, with mortality rates 5 to 12 times greater than those of young white males. (In fact, as noted below, it is socioeconomic status, rather than race, that accounts for these differences.)....

...The relations among race, socioeconomic status, and violence are complex and often confused. Racial minorities - most particularly black Americans - bear a disproportionately large burden of inter-personal violence and poverty. And poverty and inter-personal violence, including homicide, are intimately related....When socioeconomic status is taken into consideration, the disparity between black Americans and the general population as both victims and perpetrators of violence becomes quite small. Thus, although race is associated with violence, socioeconomic status is a more significant risk factor....

...The disparity between the races (and the sexes) can be shown by comparing years of potential life lost (YPLL) by sex and race. In 1985, YPLL related to homicide was 99.4 years per 100,000 white females, 273 years per 100,000 white males, 403.9 years per 100,000 black females, and a staggering 1,669.3 years per 100,000 black males." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

HISPANIC AMERICAN

"National data are not available for homicide deaths among Hispanic populations, but data from the five-State southwestern region, where more than 60 percent of Hispanics reside, show that during the period 1976 to 1980, the homicide rate was 21.6 per 100,000, more than 2.5 times the rate of the non-Hispanic White population (7.7 per 100,000) in the same geographical area."

NATIVE AMERICAN

"The homicide rate among American Indians in 1980 was 18.1, 70 percent higher than the rate for the general population." (U.S. Department of Health and Human Services, Report of the Secretary's Task Force on Black and Minority Health, August 1985)

NON-FATAL OUTCOME

The profile for victims of non-fatal violence are similar to that of homicide victims.

"Fatal outcomes are recorded in death certificates, but information about nonfatal violence is less well reported. As a result, we know less about nonfatal violence and the injuries it produces. In 1986, according to the FBI, there were 834,322 serious assaults. However, when an earlier study compared FBI assault data with hospital records for the same period, it was found that nearly four times as many assault injuries are recorded in hospital records than had been reported to the police."

YOUTH VIOLENCE

"The amount and lethality of contemporary violence perpetrated by young people is unprecedented in the history of the United States."

"People under 25 years of age accounted for 48% of arrests for violent crime and 41% of arrests for murder during 1986."

"More than 40,000 people under the age of 18 were arrested for violent crimes in 1986."

"Three to four children under 18 were arrested for murder every day in 1986."

"Juveniles commit between eight and 11 serious crimes for every one that leads to an arrest."

"Thirty-six percent of all assaults and 40% of all robberies reported by people 12 - 19 years of age occurred in school. For the younger members of that population - 12 - 15 years of age - the numbers are even more dramatic: 50% of assaults and 68% of robberies occurred in school."

"As many as 80%-90% of juveniles arrested for delinquent acts report a history of abuse and neglect."

(Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

RISK FACTORS

Risk factors are "a characteristic that has been statistically demonstrated to be associated with (although not necessarily the direct cause of) a particular injury. Risk factors can be used for targeting preventive efforts at groups who may be particularly in danger of injury." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

Multiple risk factors appear to contribute to youth violence, listed below are areas and circumstances which appear to be good predictors of youth aggression and violence.

POVERTY

"Psychological effects of poverty on the adult poor - It is apparent that poverty exacts its toll from the adult poor in terms of such conditions as inferior and crowded living quarters, reduced occupational opportunities, and limited access to recreational pursuits. But as Ireland and Besner (1967) have pointed out, what is not so obvious are the psychological consequences of the life-style of the adult poor:

(a) a sense of powerlessness and insecurity, of limited alternatives and little control over their lives or workings of the larger society;

(b) pervasive frustration and isolation, stemming partly from deprivation but also from seeing the affluence around them and being unable to participate in it; and

(c) meaninglessness, as a result of feelings of helplessness, isolation, and lack of hope for a better future." (Abnormal Psychology and Modern Life, 1976)

"The relations among race, socioeconomic status, and violence are complex and often confused. Racial minorities - most particularly black Americans - bear a disproportionately large burden of inter-personal violence and poverty. And poverty and inter-personal violence, including homicide, are intimately related....When socioeconomic status is taken into consideration, the disparity between black Americans and the general population as both victims and perpetrators of violence becomes quite small. Thus, although race is associated with violence, socioeconomic status is more significant risk factor." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

DOMESTIC VIOLENCE

"Between 2 and 4 million women are physically battered each year by husbands, former husbands, boyfriends, or lovers. Approximately half of these women are single, separated, or divorced.

Between 21% - 30% of all women in this country have been beaten by a partner at least once.

The physical violence associated with battering is recurrent, and it escalates over time. Woman battering has an incremental/developmental sequence which, if unchecked, will result in increased physical, psychological, and social morbidity of the victims.

A Texas survey showed that 47% of batterers physically beat their partners at least three times a year.

One national study showed that battered women are assaulted by their partners at a median frequency of 2.4 times a year.

In a study of 109 battered women, the violence in 25% of the cases was reported to last from 45 minutes to more than five hours.

Abuse may be the single most common source of serious injury to women, accounting for almost three times as many medical visits as traffic injuries.

The National Coalition Against Domestic Violence reported that, in 1986, 115,000 women accompanied by 165,000 children made use of shelters for battered women. Many more made use of other services; 330,000 women were turned away from shelters owing to lack of space (C. Allan, personal communication)." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

CHILD ABUSE/NEGLECT

"Seriously abused children and neglected children suffer permanent neurological, physical, and developmental damage. Sexually transmitted diseases are frequent sequelae of child sexual abuse, and unwanted pregnancies are not uncommon. Even less severely abused children may be cognitively, linguistically, and physically impaired. Lasting emotional and psychological damage often results. And the damage is not necessarily limited to the victim; the siblings of an abused child, particularly a sexually abused child, may suffer feelings of fear, anger, or helplessness or be affected in other ways." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

PARENTING

"Child-rearing practices that convey to children the acceptability of violence can result in aggressive behavior both within and outside the home. The ideology of male dominance and acceptance of the need to "prove" such dominance when it is challenged are deeply ingrained in the culture. It is associated with killings of family members, friends, and strangers.

Dr. Henry Kempe once explained the general social unwillingness to address the problem of child abuse in terms of "three almost sacred sayings of our culture: `Spare the rod and spoil the child,' `Be it ever so humble, there's no place like home," and `A man's home is his castle.'" More than one commentator has referred to the general acceptance of corporal punishment in society as a precondition for the existing level of child abuse.

Despite the degree to which poor and nonwhite parents find themselves overly represented in the reporting process, there remains a general societal and bureaucratic reticence to interfere in the family.
Anyone visiting a large supermarket or mall on a busy Saturday will see children slapped, pushed, hit, and verbally demeaned in astonishing numbers. And all of this takes place in public. Although the state may stake its claim to a child's welfare under extraordinary circumstances (e.g., overriding a parent's religious objection to blood transfusion), the general belief that children "belong" to their parents is remarkably strong." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

RACISM

"One of the most destructive forms of group prejudice is that of racial discrimination. While loudly decried in our society, it seems to be among our most ingrained cultural habits....Racial discrimination, poverty, and social disorganization tend to debase and confuse human beings. Children reared in such settings have almost impossible task of trying to learn what is predictable and possible, of striving to develop healthy motives and values, and of attempting to achieve educational and other competencies essential for effective participation in our highly technological society." (Abnormal Psychology and Modern Life - 1976)

"Racism and racial discrimination also stimulate violence. This may be appreciated more easily in interracial violence, because racism motivates specific acts of violence (e.g., the home of a black family newly arrived in a white neighborhood becomes a target for arson; members of one race stranded in the neighborhood of another race are assaulted). And in homicides among persons of the same race, racism and racial discrimination contribute by helping to perpetuate structural conditions, including disparities in socioeconomic status, that are associated with violence." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

SEXISM

"David Adams of Emerge, a Boston-based program that counsels batterers, states that "violence is a controlling act. When a man is violent towards his wife, he quite often gets what he wants, whether that be more space, his dinner, or the last word in an argument." For a man to be a batterer," his belief system must include the following: (1) the belief that violence is a legitimate way of solving problems, and (2) a belief that it is okay for a man to control women." These beliefs are fairly common within our society.

In addition, continuing unequal status in this country renders women vulnerable in other ways. A fear of destitution keeps some women in abusive relationships. Single women with children, for example, now make up a great majority of those living below the poverty line. According to the U.S. Census Bureau in 1984, the poverty rate for female-headed households was five times the rate for families with two adult partners. To make matters worse, the actual number of poor people had increased by 4.5 million and the economic status of families headed by women had declined. Victim blaming, inconsistent responses, and denying or minimizing the violence all serve to perpetuate the problem; continued, institutionalized social and financial inequality act in consort with these to place women in continuing danger of abuse and death at the hands on intimate partners." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

ALCOHOL AND OTHER DRUGS

ALCOHOL

"The link between alcohol and violence has been demonstrated in study after study....A recent review of the literature cites 28 studies of alcohol and homicide, 14 of which found alcohol present in 60% of the cases and the greatest majority of which found alcohol present in at least one-third of the cases examined. Studies of robbery, rape, assault, and homicide victims also reveal that if one of the parties (i.e., either victim or perpetrator) had been drinking the other party was likely to have been drinking as well. The association is particularly strong in homicides and rapes involving friends or acquaintances." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

OTHER DRUGS

"Because blood alcohol content tests are far more commonly done on homicide victims than are tests for narcotics, marijuana, and other controlled substances, the role of alcohol in violence is far better documented than that of other drugs.

Drugs, however, play two very important and well documented roles in interpersonal violence. Some, especially heroin and cocaine, are both addictive and expensive. Many users of these drugs commit burglaries, robberies, and other crimes to support their addiction, and the crimes often involve violence or the potential for violence. And because these substances are both illegal and valuable their marketing involves considerable violence: violence among drug dealers over turf, violence between dealers and their customers over price and quality, violence between dealers and those who see them as robbery targets, and violence among drug users over drugs.

The National Institute on Drug Abuse estimates, conservatively, that at least 10% of homicides and assaults in the United States are drug related. One study found that in 1980 there were over 2,000 drug-related homicides and more than 460,000 drug-related assaults nationally.

The rise in popularity of "crack," a smokable, extremely potent, and very addictive form of cocaine, is making a substantial contribution to violence in urban areas. Research indicates that as many as half the murders in New York City are now drug related. Both Boston and Washington, D.C., are also experiencing sharp increases in murders, many of which are the result of drug-related violence." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

FIREARMS

"Accident Facts estimates that the use of firearms resulted in almost 31,000 fatalities in the United States during 1985. This included 17,363 suicides, 11,836 homicides, and 1,649 unintentional deaths. It is difficult to find authoritative figures on firearm morbidity. One researcher estimated that there are at least five nonfatal firearm injuries for every fatality. In 1975, the only year for which numerical estimates are available, there were 896,778 nonfatal firearm injuries, including 703,778 assaultive injuries, 183,000 unintentional injuries, and 10,000 suicide attempts.

Over 59% of the homicides committed in 1986 involved firearms. Handguns were used in 44% of the homicides committed that year. The group most at risk for interpersonal firearm injuries is young black males. Handguns were involved in 54.1% and long guns (rifles and shotguns) in 16.9% of homicides of young black men.

In areas of the country where gun ownership is especially high, the homicide rates for certain occupations are staggering. In Texas, for example, the homicide rate for male police officers and detectives is 25.7 per 100,000. For sheriffs and bailiffs, the rate is 44.4 per 100,000. For male cab drivers, the rate is 78.3 per 100,000. Women working in gas stations have an occupational homicide rate of 13.3 per 100,000.

Firearms pose a particular danger to police officers; most police officers killed in the line of duty are killed with guns." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

ENTERTAINMENT MEDIA

TELEVISION

"Some reports have implicated television in the amount of violence among young people. "By the time an average child graduates from high school," one study concluded, "he or she will have spent 22,000 hours of accumulated viewing time before the television screen and only 11,000 hours of classroom time." The National Institute for Mental Health found that an average of 80.3% of all television programs contain violent acts. A typical television program contains 5.21 violent acts.....The people at greatest risk for violence are the ones who watch the most television. Television viewing is inversely related to income, education, and employment. Boys watch more violent television than do girls. Research suggests that people who are exposed to a high degree of televised violence become more prone to commit violence themselves in resolving conflicts and to accept violent behavior from others.

By the time a typical adolescent graduates from high school he or she will have been exposed to 18,000 television murders and 800 suicides. And that does not count motion pictures, of which adolescents are major consumers." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

YOUTH GANGS

"Several risk factors - socioeconomic status, youth, urban residence, and drug use - have converged in the violence of contemporary youth gangs. Research has demonstrated that increased homicide rates were associated with the establishment of networks for the marketing of alcohol in the late 1920s and early 1930s and cocaine and heroin in the late 1960s and early 1970s. This pattern apparently is being repeated. The marketing network for crack is largely controlled by youth gangs who battle over turf using sophisticated and powerful weaponry." (Injury Prevention: Meeting the Challenge, The National Committee for Injury Prevention Control, 1989)

A CASE FOR EARLY INTERVENTION

EARLY PREDICTORS OF ADOLESCENT AGGRESSION AND ADULT VIOLENCE

David P. Farrington - Institute of Criminology, Cambridge University, Cambridge, England. Printed in Violence and Victims, Vol. 4 No. 2, 1989 - Springer Publishing Company.

The Cambridge Study in Delinquent Development is a prospective longitudinal survey of 411 London males from ages 8 years old to 32 years old. This article investigates the prediction of adolescent aggression (ages 12-14 years old), teenage violence (ages 16-18 years old), adult violence (ages 32 years old), and convictions for violence.

CONCLUSIONS

The most important predictors at ages 8-10 of aggression and violence fell into six categories of theoretical constructs:(

(a) economic deprivation (measured by low family income, poor housing, large family size);

(b) family criminality (convicted parent, delinquent sibling);

(c) poor child rearing (harsh and authoritarian discipline, parental disharmony, poor supervision);

(d) school failure (low intelligence and attainment, low parental interest in education);

(e) hyperactivity-impulsivity-attention deficit (psychomotor impulsivity, daring, lack of concentration or restlessness);

(f) antisocial child behavior (aggression, troublesomeness).

The results held independently of the time interval (from 2 to 24 years) and of the measure of aggression or violence (teacher rating, self report, or official records).

Similar categories of predictors were important at ages 12-14, with minor variations. For example, fathers not joining in the boys' leisure time at age 12 was a noteworthy feature of poor child-rearing, and truancy and leaving school early were influential indicators of school failure. At ages 16-18, most important predictors reflected either the boys' poor employment records or their antisocial behavior.

(David P. Farrington - Institute of Criminology, Cambridge University, Cambridge, England. Printed in Violence and Victims, Vol. 4 No. 2, 1989 - Springer Publishing Company.)

MODEL FOR PSYCHOLOGICAL HEALTH

Development of a strategic plan builds on a knowledge and understanding of the known risk factors, as detailed above. However, another important aspect of this problem solving process is an understanding of how these risk factors impact on the individual and community. Thus, there must be an agreed upon concept of healthy human development so we can better understand the interplay of these factors.

THE BASIC NEED HIERARCHY

Abraham Maslow, a humanistic psychologist, in his book Motivation and Personality, developed a motivational framework to explain why people do things. He and other researchers found that people were motivated to do things as a result of their basic human needs. He put these needs into the shape of a triangle with the basic human needs at the bottom and the higher needs at the top.(See attachment 1)

"Maslow also states that there are preconditions necessary to satisfying basic needs, examples of these preconditions are;

- freedom to speak,
- freedom to do what one wishes so long as no harm is done to others,
- freedom to express oneself,
- freedom to investigate and seek information,
- freedom to defend oneself,
- justice, fairness, honesty,
- and orderliness in the group.

These conditions are not ends in themselves but they are almost so since they are so closely related to the basic needs, which are apparently the only ends in themselves. Danger to these freedoms is reacted to with emergency response as if there direct danger to the basic needs themselves. These conditions are defended because without them the basic satisfactions are quite impossible, or at least severely endangered....Secrecy, censorship, dishonesty, and blocking of communication threaten all the basic needs." (Abraham H. Maslow, Motivation and Personality, third edition, 1987)

SYSTEMS THEORY

Another theory which provides additional understanding of how to approach youth violence in a comprehensive way is systems theory. Very simply put "no man is an island unto himself...", we all exist in a system, in this example a support system. The diagram (See attachment 2) illustrates a simplified view of a child's levels of support system, where the most immediate and important system is that of family. Ideally, these systems are suppose to support the healthy development of people, however, risk factors mentioned earlier create chaos in the system.

Another aspect of this concept is that the various layers of support are interactive thus;

- the family dynamics impact the child and the child can impact the family,
- the formal network impacts the family and child and vice versa,
- the informal network impacts the formal network and vice versa,
- and each individual in this system has their own system which is impacting on them in a variety of ways.

Also, as this model suggests each layer is a complete system which is contained within a larger more complex system, which contains a number of complete subsystems.

As the child develops, the support system evolves and becomes more complex and personalized. For instance family is replaced by friends at the most intimate level and they are eventually replaced by a significant other (i.e., boy/girl friend, lover or spouse).

What is the interplay between, risk factors, human development, and general systems theory?

Most child development psychologist agree that to understand developing individuals in contemporary society, we must understand the influence of norms, values, roles, culture, economics, and family variations.

The family and the larger community have the responsibility to provide the environment for children to attain healthy physical and psychological development. As I mentioned previously, the risk factors enumerated above for violent behavior create chaos and interfere with the proper functioning of this relationship between children, family, and community. Thus children grow up afraid, psychologically stunted with numerous un-met needs which they attempt to satisfy in very anti-social, unhealthy, and dangerous manners. Attachment 3 depicts this interference.

An example of the impact of the risk factors is the institution of poverty which disrupts and presents obstacles to a family's ability to adequately meet the basic physiological and safety needs of their child, much less their own. Additionally, the psychological impact of poverty can disrupt and undermined the development of feelings of love, belonging, and self-esteem.

ADDRESSING YOUTH VIOLENCE

From the information and data provided, it is apparent that youth violence is not only a very serious and deadly problem, but it is enmeshed in a number of societal ills which are themselves very complicated and deadly. The enormity of this problem can be overwhelming and the resolution is not simple or discrete.

To adequately address youth violence with any confidence of success, we need to acknowledge that;

- no one individual, organization, governmental agency is going to solve this problem,
- the long term solution does not involve creating more prisons, longer court operating hours, or more and better armed police,
- isolated interventions focusing on a particular aspect of this massive problem will not succeed,
- designing interventions which target only youth will have marginal results at best,
- tough and complex issues can not be avoided,
- children are the victims of a system they did not create and do not maintain.
- creative, inspired leadership is necessary to develop common goals and visions for the future which people can enthusiastically support,
- meaningful collaboration between a communities public and private institutions and residents is necessary,
- to act is to lead events, to react is to follow events,
- prevention, intervention, and treatment are a continuum of approaches which must be targeted at individuals, families, and the community which serves them,
- the solutions begin with the problem solving process,
- community-based mobilization and empowerment are a critical part of the solution,

WHY COMMUNITY-BASED ACTION?

Residents of communities or neighborhoods who are suffering the ravages of violence, drug abuse, drug trafficking, poverty, racism, and sexism, also are experiencing fear and immobilization. Residents feel powerless to change the conditions and feel that institutions and leaders are not doing enough to solve the problems. Finger pointing and blaming is the game of the day. At the same time, well intentioned people within community-based, city, and state institutions both private and public are meeting and developing discrete interventions to address what they perceive to be the needs of the community. Well intentioned interventions come and go and the problem remains. What is lacking is a comprehensive community-based approach to defining the problems, the solutions, and developing broad-base support for both.

A look at three different approaches to problem solving will help define why community-based action is necessary;

a) When the problem is known and the solution is known, then traditional leadership can resolve the problem.

b) When the problem is known and the solution is unclear, then the leader and the community must come together to develop solutions.

c) However, when the problem is unclear (or there are a myriad of dynamics to the problem as is the case with youth violence) and the solution is unclear, then it is essential that the community is involved and the leader facilitates the community in defining the problem and solutions. This process not only identifies the magnitude of the problem but develops community investment and support in its resolution.

The approach in "C" also necessitates that institutions both at the state and local level collaborate in ways which support and facilitate the community in this process. The institutions;

- provide information to the communities about the issues from their informed vantage point,

- make the community aware of what resources are available and not available,

- make recommendations of what strategies they feel should be included or not included in the communities plan.

This type of process requires a style of leadership which is visionary, risk taking, honest, and respectful of the individual's right to speak and be listened to.

HOW DO WE BEGIN?

For this type of community-based action, a facilitative process must occur in the community. To begin, an introductory training explaining the requirements of successful community-based action must be provided. This training will assist participants develop;

- a communication process which creates understanding and collaboration,
- a common vision for the community,
- a problem solving process which is inclusive and empowering.

Currently, a proposal is under consideration by MCCJ which if funded will allow the Office of Violence Prevention to develop and provide this introductory training. This training would initially be pilot tested in a site funded by either MCCJ or GAAD.

WHAT CAN THE CRIMINAL JUSTICE SYSTEM DO?

Information: Develop informational brochures on where to get help for families experiencing turmoil or disruption. Create opportunities to speak before school students about the legal system and its goals.

Education: Offer violence prevention and alcohol and other drug abuse workshops for all law enforcement personnel. Attend the community-based action training when available to all law enforcement personnel.

Early Intervention: Due to the stress of law enforcement work, departments should provide employee assistance programs to all employees and their family members.

Alternatives to violence and drugs: Be present at certain community/school events. This will signal your attention to enforce existing policies and relay a message of care, concern and trust to all people in the community. Model appropriate non-violent behavior and use of alcohol and other legal drugs.

Policy: Mandate early referrals to helping agencies. Provide treatment alternative programs (TAP) and restitution programs for youth and adults.

Other ideas: Become spokespersons within your communities and those you serve for community-based action and improved relationships between the legal system and community. Invite the Office of Violence Prevention to speak your staff or other organizational meetings.

CONCLUSION

The earlier we intervene in a youths life and provide meaningful alternatives to managing and resolving conflict as well as other anti-social behaviors, the better chance of success, and the expense is less in terms of actual dollars and human misery. However, the interventions must be part of a comprehensive community-based strategy which is understood and supported by the community. The dynamics which contribute to youth violence make it absolutely essential that we look beyond the superficial label of "bad youth" to the very fabric of our society and whether or not it provides the environment for healthy child development.

Children learn to be aggressive and use violence to solve problems, the same way they learn to racial and sexual values and norms. This learning process occurs through a number of media, some of them are parents, school, friends, role models, entertainment media, and personal first hand experiences. There is a pressing need for adults to educate themselves about these hard and complex issues and be willing to address them forthrightly and openly.
An honest and meaningful investment in our youth and their dilemma, is not only an investment in their future, but an investment in our future too. This nation, in order to compete in the world, is going to need young people who are educated and believe that there is a future for them and they are part of making that future happen. Failure to invest simply means more of the same until one of us or our love one becomes a vital statistic.

As members of the council you are recognized as institutional authority figures in communities in which you live and serve. Because you know in a very intimate way the devastation of inter-personal violence, you have the opportunity and the social responsibility,to be visionary in your thinking and to risk take in your actions to assist communities to move into action.

BASIC NEEDS HIERARCHY

To do what you must to become fully your self. To develop your own individuality. To become everything you are capable of becoming.

Respect and liking yourself and others. Strength, competence, status, achievement, freedom, fame.

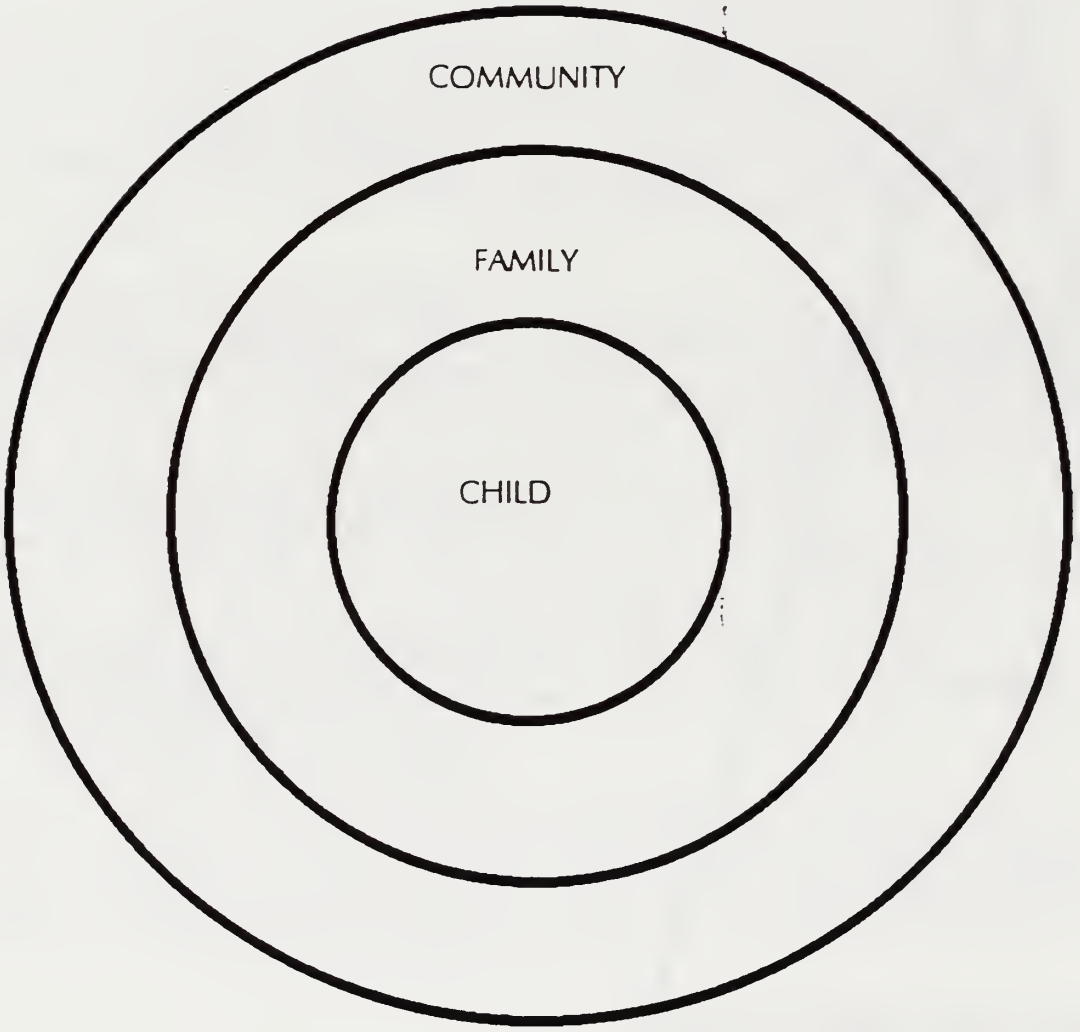
Acceptance, membership, affection, longing, feeling loved and wanted.

Protection fron physical and psychological threat, fear and anxiety. The need for order, structure and security.

Food, water, shelter, clothing, etc.

ATTACHMENT 1

CHILD SUPPORT SYSTEM



ATTACHMENT 2

BASIC NEEDS HIERARCHY

RISK FACTORS

INTERFERENCE

POVERTY

DOMESTIC VIOLENCE

CHILD ABUSE

PARENTING

RACISM

SEXISM

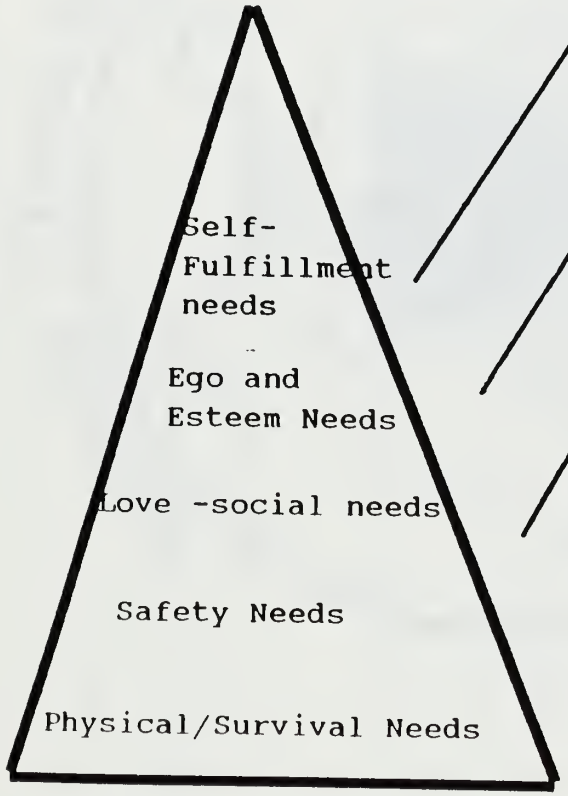
DRUGS/ALCOHOL

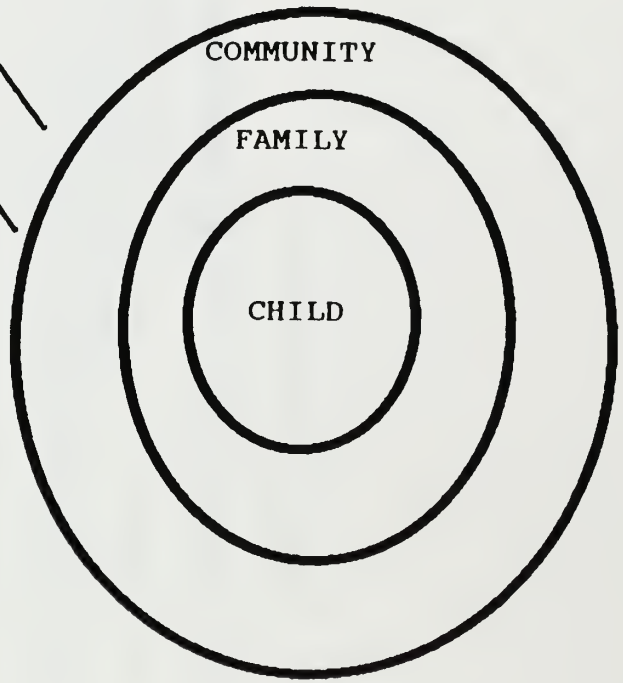
FIREARMS

YOUTH GANGS

MASS MEDIA

CHILD SUPPORT SYSTEM





ATTACHMENT 3

VICTIM IMPACT PANELS

A CREATIVE SENTENCING OPPORTUNITY

Written by Janice Harris Lord

Director, Victim Services

MADD National Office

ACKNOWLEDGEMENTS

Gratitude is expressed to the Edna McConnell Clark foundation, The Harry Frank Guggenheim Foundation, and Subaru of America Foundation for their financial support in funding this booklet and the accompanying videotape.

Many judges, court administrators, and victims of drunk driving crashes have implemented Victim Impact Panels throughout the last few years, and without their trail blazing, we would not have gained the confidence to now be advocating this program nation-wide.

At the risk of omitting some who should be mentioned, I will name a few of the pioneers. We are very grateful to Judge David Admire of King County, Washington, who, along with Shirley Anderson, (whose son Mark, was killed by a drunk driver), initiated the first panels we are aware of. Shirley has been an inspiration as she continues to consult those interested in starting programs. Ann Donaca and Carole Satterfield - McLeod in Washington County, Oregon; Lt. Wayne Smith of the Clackamas County, Oregon Sheriff's Office along with Connie Strangefield, Sandra Gillum, and Sharon O'Shea; Kathy DePeri in Orange County, California; and Trish Drum in Ventura County, California have contributed so much...and we thank them. Their work has been a strong influence in the writing of this booklet, but many others have contributed to our excitement about the program.

THE PROBLEM

- More drunk drivers enter the criminal justice system than any other type of offender.

- In many jurisdictions, jail time for first offenders, while statutorily allowed, is not possible. Jail and prison crowding is a major issue in nearly every state.

- Drunk driving offenders comprise the largest category of probationers in most jurisdictions.

- Very few criminal justice programs offer a meaningful approach to combat drunk driving except for those offenders who are deemed to be alcoholic and in need of treatment.

- Millions of drunk drivers have passed though "DWI Schools" in the last decade. Most say it was boring and a waste of time.

- Drunk driving offenders continue to injure and kill at a rate of about 23,000 deaths and 560,000 injuries every year.

- Traditionally, both injured victims and families of those killed by drunk drivers have been excluded from the judicial process. This exclusion has prolonged their grieving period, hindered their ability to carry on productive lives, and caused them to question the accountability of the American Judicial System.

Sources:

Report to the Nation on Crime and Justice, U.S. Department of Justice, Bureau of Justice Statistics, 1988

Drunk Driving Facts. National Highway Traffic Safety Administration, 1987

Crime in the United States - 1986 FBI Uniform Crime Reporting Section

Mothers Against Drunk Driving

VICTIM IMPACT PANELS: WHAT ARE THEY?

Mothers Against Drunk Driving believes that drunk drivers and potential drunk drivers need to hear what happens to the victims of drunk driving crashes. The Victim Impact Panel is a tool for accomplishing that goal.

MADD chapters or other victim groups select a panel of three or four victims to speak briefly about the drunk driving crashes in which they were injured or in which a loved one was killed, and what it has meant to them. They do not blame or judge those who attend the panel. They simply tell their stories and how their lives and families have been affected by the crash. A Victim Impact Panel Coordinator moderates the panel to monitor time, etc. Victims never speak to groups in which their own offender is present. There is no interaction between victims and offenders during the Panel presentation, but question and answer periods may follow.

Judges or probation officers require convicted drunk driving offenders to attend a Victim Impact Panel as an element of their sentences. The Panel does not replace conventional sentencing but adds a creative component to it. Immediately after the sentence is pronounced, a court clerk informs the offender verbally and in writing of the date, time, and place of the Panel to be attended. A probation officer or other agent of the court attends each Victim Impact Panel to monitor attendance. Offenders who fail to attend must return to court for appropriate sanction.

VICTIM IMPACT PANELS: VALUE FOR OFFENDERS

If the victims' stories are told in person from the heart, in neither a blaming or accusatory way, they can:

- enable offenders, perhaps for the first time, to consider the pain and suffering drunk driving can cause to other people;
- help offenders move beyond being "stuck" in focusing on their own "bad luck";
- serve as a first step in breaking down denial of alcoholics or those addicted to other drugs;
- imprint images of real people in offenders' minds which may replay when drinking and driving is again an option; and
- change behavior and save lives.

After the Victim Impact Panel presentation, each offender is asked to provide an anonymous written comment on what they have seen and heard. Comments from offenders, judges, attorneys, and correctional employees have been overwhelmingly positive. You will find some of them throughout this booklet.

VICTIM IMPACT PANELS: VALUE FOR PANEL MEMBERS

By giving words to their experiences and feelings, victims find that they don't feel as helpless, in the aftermath of their experience.

One of the most devastating components of crime victimization is its randomness. Victims of drunk driving crashes didn't ask for what happened to them. They certainly never expected it to happen to them...only to other people. Because it **did** happen to them, much of their old world view -- that good things happen to good people and bad things happen to bad people -- has been destroyed. They can feel helpless and powerless, almost expecting more bad things to happen to them.

If they are not allowed to participate in the criminal justice system, and most aren't because they didn't witness the crime or were too injured to make credible witnesses, their sense of powerlessness is enhanced. They can become disillusioned with the criminal justice system when they realize that they are not needed — and sometimes not wanted — in it. Finding some degree of balance and justice in the criminal justice system may be all they have left.

By serving on a Victim Impact Panel, victims:

- Find that the telling of their story lightens their personal pain which promotes their own healing process;

- Experience something positive from a previously devastating event;

- Believe that through telling their stories they may be preventing some other family from having to suffer a similar victimization.

Many panelists report that, while it is emotionally draining for them to relive and tell their stories, they are strengthened each time they do it. Some have said that participating on a panel helped them move from depression about the past to the present and the future, and begin to take charge of their lives once again.

Says Shirley Anderson, whose son, Mark, was killed by a drunk driver, *"At the end of our presentations, many offenders come up to shake our hands, apologize for what they did, or just hug us and cry. We have even had standing ovations — which I will never understand. Not everyone reacts that way, but most are affected. I know we are having a strong impact on these offenders. I believe our work will stop other mothers from losing their children. That alone makes it worthwhile."*

CRIMINAL JUSTICE SYSTEM SUPPORT

The support of the Judiciary and/or Probation Department is critical to the implementation of the Victim Impact Panel Program. Ideally, several judges in a community will be concerned enough about drinking and driving to consider Victim Impact Panels. However, only one judge or probation department willing to implement the program is enough to begin. Once convinced of the effectiveness of the program, those involved will encourage their colleagues to follow suit. Simply inviting not-yet-participating officials to sit in on a Victim Impact Panel presentation has proven effective in many counties and municipalities.

HSPH Examines "Faces of Violence"

"The Faces of Violence," a four-day series of symposia held at Harvard School of Public Health October 17–20, examined a range of issues from child abuse to gang shootings. Co-sponsored by the School's Program on Human Development and Criminal Behavior, Center for Health Communication, Harvard Injury Control Center, and the Office for Students, the series' goals were to increase student and faculty knowledge of violence-related issues and to begin a cooperative effort between HSPH and the Mission Hill neighborhood to address violence in the community. Each day's program stimulated lively discussion between panelists and attendees. Some highlights follow.

The first session focused on child abuse, described by HMS' Dr. Eli Newberger as a modern rediscovery of an age-old problem. He described the nature and extent of child abuse, with more than 2.4 million cases reported annually, and characterized the situation as a national emergency. The second day's program on spousal abuse noted the anniversary of the October 1989 murder of Carol Stuart by her husband Charles, citing the event as an example of the pervasiveness of spousal abuse. Lundy Bancroft of EMERGE, a men's counseling service on domestic violence, pointed out that media portrayals of Charles Stuart as "a crazy man" ignore the fact that violence against women is all too common in this society.

In discussing the high rate of homicide in the US during the third day's program, Dr. Mark Rosenberg, Director of the CDC Division of Injury Control, urged public health professionals to help decrease cultural acceptance of violence (the "Make My Day" syndrome) and teach nonviolent conflict resolution skills. The final session on community violence sparked a discussion of the impact of racism on urban violence. "Our inner cities have become isolated reservations, and residents must continually contend with negative imagery and the view that their neighborhoods are combat zones," said Dr. Terry Williams, Visiting Professor at Yale University. Follow-up discussion focused on how HSPH can broaden its relationship to the Mission Hill community and help develop solutions to problems of violence.

Co-organizer Dr. Felton Earls, HMS Professor of Child Psychiatry and HSPH Professor and Chairman of Human Behavior and Development, feels the series was "an amazing success. People are coming up to me to ask, 'What can we do next?'"

Lundy Bancroft of EMERGE

The symposia attracted a "full house" for each of its four sessions.

Dr. Mark Rosenberg speaks to the audience. Seated in the first row, from left, are Drs. Felton Earls and Paul Bracy, former Director of the Office of Violence Prevention for the Massachusetts Department of Public Health.

BOSTON GLOBE 11/16/90

DERRICK Z. JACKSON

Date rape talk prompts lesson

THE AUDITORIUM AT the John F. Kennedy Library had 14 young women and three young men in it. They had just finished watching a movie in which a date rape was about to occur.

In the movie, a man asked a woman to dance at a party. The two went outside. The man convinced the woman to walk in the dark. The two came near a shed. The man forced himself on top of the woman. The woman tried to resist. The man slapped the woman. The movie ended in stop-action.

"So what did you think about the movie?" asked Helene Tomlinson, coordinator of rape prevention at the Department of Public Health. The young people were student council officers attending a conference this week on school violence, sponsored by the Cooperative Extension of the University of Massachusetts.

"She should have said something before she got into trouble," said one young woman.

"She knew what was going on," said another woman.

"She should have opened her mouth."

"She should have sniffed him out because he was dancing too close."

"She should have known what was going on."

"She should have not gone near the shed with someone she did not know."

Six women had spoken. All focused on the woman's responsibility. Not one showed any anger toward the man. Then, another person spoke.

"I don't blame her at all."

Tomlinson was stunned. The voice was deep and husky. The voice belonged to a big guy with a shaved head. He wore a sweatshirt that read "Matignon Football."

"What do you mean?" Tomlinson asked.

"She had just broken up with her boyfriend. She was just looking for someone new. I don't think she could have known the guy had rape on his mind. Just because she went outside with him, you can't blame her for getting raped."

The young man's name was Dennis Toner. This football season has been one where backward attitudes toward women from grown, professional men have been highly publicized. The Patriots sexually harassed a female reporter. Cincinnati Bengals coach Sam Wyche was fined $27,500 for refusing entry to the locker room by a woman reporter.

Toner, a 6-foot-2-inch, 250-pound lineman, is not in such mindless company. He understood why the young women in the auditorium implied that the woman in the movie was to blame for her impending rape.

Toner said, "I guess maybe because in the movie, the woman came off sort of as an airhead, and all the girls want to think they're so much smarter than that. Everyone wants to think they are too smart to get in trouble like that."

A senior at Matignon High School, Toner, the school council president, admits to an occasional whistle at a young woman. He said he sometimes says things that get him accused of being a male chauvinist. But he also has been one to sometimes ask his peers to knock off the crude boy talk. The boy talk includes moments when Toner hears references to sex such as "slam her" and "rip her legs open."

"I get made fun of by one of my teachers," Toner said. "One of them tells me, 'You're so mean out on the field, but you're a teddy bear in here.' I was always the strongest physically. But I've learned that being physically strong is not everything."

Toner's soft undertone and respect for women may have come from his family. When he was 6, his father was laid off and became a daytime house husband for two years while working nights at the Wonderland racetrack. His mother is an insurance administrator.

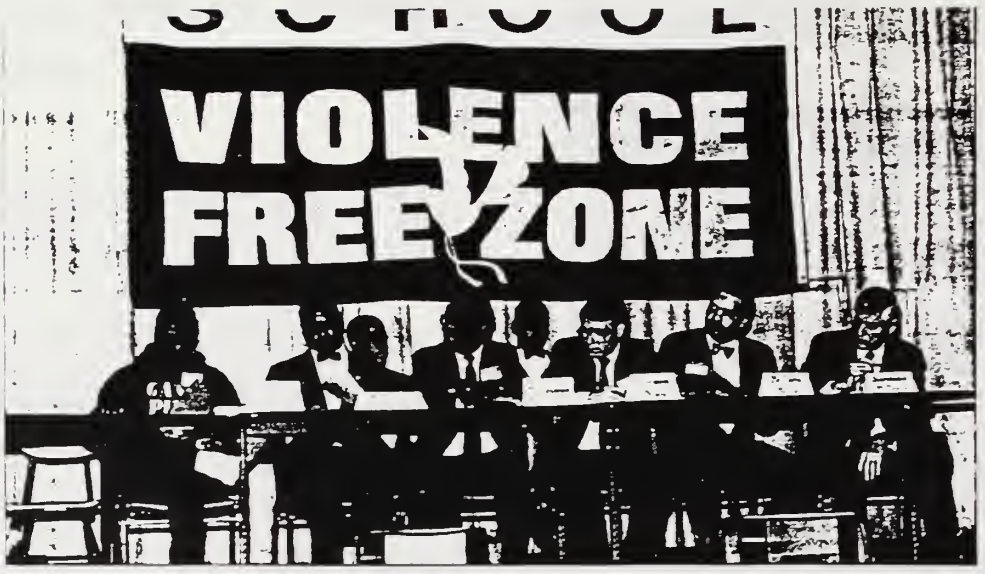
Then at the age of 8, Toner's father died. Toner's mother put all four of her sons through Matignon. One son has graduated from Harvard, another from Boston University. Another is attending the University of Massachusetts at Boston. Dennis is the youngest.

"My girlfriend says I'm more like a girl than some of her girlfriends," Toner said: "I'll talk to her on the telephone a lot. When we get into a fight, I'm the one who is usually more emotional while she is kind of cool and calm. When I eat over her house I'll do the dishes. Sure, sometimes she has to nag me to do them, but it's no big deal."

The big deal is that there are young men like Toner around. Only a high school student, he could hold a one-boy seminar for some men-boys down in Foxborough.

Rape, according to the state, occurs every six minutes. "Even if the woman in the movie kissed the guy," Toner said, "That does not give the guy the right to do anything to her."

BOSTON GLOBE, 1/31/91



GLOBE STAFF PHOTO / GEORGE RIZER

City and community officials listen to students' concerns yesterday at Timilty Middle School in Roxbury.

Students offer adults their vision of ways to curb teen-age violence

By Diego Ribadeneira
GLOBE STAFF

Too young to fully control their own lives, they are often the invisible victims of the violence that has swirled through many of Boston's neighborhoods.

They are caught in crime-plagued environments and their young voices – filled with fear, anger and concern – many times go unheard by those in positions of power.

But for a short time yesterday, people of influence in the city's public schools, the police department and the mayor's office sat and listened as students discussed the turbulence in their lives.

"Too often us older folks think that we know all the answers and we don't listen to younger folks," said Roger Harris, principal of the James P. Timilty Middle School in Roxbury. "Today we're here to do just that." A group of student leaders from the Timilty School sponsored the forum that brought together young people from six of the city's middle schools to discuss strategies to decrease violence among teen-agers.

The idea to host a student conference developed after the death of Hector Morales during a shootout with Boston police officers last November.

"Kids were extremely upset by it," said Carmen Veray, a teacher at the Timilty School who helped organize the forum. "Some kids thought Hector Morales was some kind of hero. Others were angry at the police. Others were just disturbed by the whole incident. So we came up with the idea of having the kids talk about positive solutions to gangs and violence."

While the students brought up a number of ideas, a central theme to much of their discussion was the need to find ways to keep young people away from the dangerous lures of the streets.

> **'We need to feel like we belong, like we're important. It seems like everything in the budget that has to do with teens is cut, so I ask you, "What have you done for us lately?"'**
>
> DARLENE HOUGH
> *Lewis Middle School student*

"I think there should be clubs for students to participate in after school and on weekends," said Arthur Prokosch, a student at the Rafael Hernandez Elementary School in Roxbury.

"One way we believe we can prevent kids from getting involved in gangs is by giving us something to do," said Darlene Hough, a student at the Lewis Middle School in Roxbury.

Hough joined several other students in stressing the need for adults to provide young people with more support either by investing time or investing more money in programs targeted at teen-agers.

"We need more adults taking an interest in us. We need to feel like we belong, like we're important," Hough said as her peers in the audience cheered her on. "Kids don't feel like they are part of the community. It seems like everything in the budget that has to do with teens is cut, so I ask you, 'What have you done for us lately?'"

Added Aisha Davis, another Lewis student: "Where do I turn for help when I'm trying to avoid peer pressure to get into trouble. Where do I go to if my parents can't help me? Will you be there to support us?"

But even as the students emphasized the importance of programs and jobs aimed at teen-agers, a top-ranking city official at the forum said it would be difficult to provide for the needs of young people because of Boston's financial difficulties.

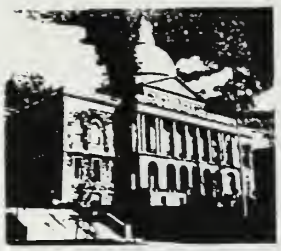
While the city, with the help of private funding, was able to provide 8,300 summer jobs last year, the Flynn administration will be hard-pressed to equal that figure this year, according to Theodore Landsmark, director of the city's Safe Neighborhoods Program.

The students also said there is a strong need to introduce courses into the schools that teach young people how to deal with anger and to resolve conflicts without resorting to violence.

"We need to find ways to teach kids nonviolent ways to react to their anger," said Angel Pepin, a student at the Timilty School.

Several of the adults listening to the students were impressed by what they heard. "I think we need to be doing a better job of teaching students how to avoid violence and we have to find more programs to give youngsters positive ways to spend their time," said acting School Superintendent Joseph M. McDonough.

"One of the things I'm hearing is that we need to build better relations between the adults and the children in this city," said Police Commissioner Francis M. Roache.



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Committees on
Human Services and Elderly Affairs
House Ways and Means

BILL TITLE: AN ACT TO CREATE A VIOLENCE PREVENTION TRUST FUND

BILL #: H.4821 COMMITTEE ON: TAXATION

SPONSOR: Barbara A. Hildt

PROBLEM:

Violence is a major cause of death among adolescents and young adults. Homicide is now the second leading cause of death for all 15-24 year olds in the United States.

In Massachusetts, violence (suicide and homicide) ranks second to motor vehicle accidents as the leading cause of death among children. Deaths from violence are twice as common as deaths from cancer.

In 1987, there were 7,943 juveniles held for violent offenses (murder, forcible rape, robbery, aggravated assault). The annual cost of holding a juvenile in a state facility is $44,100.

The Annual Gallop Poll of the Public's Attitudes Toward Public Schools reveals that drugs and school violence are the leading issues facing students today. Dept. of Public Health studies: In FY'89, 5,092 youth 18 and under were admitted to state funded substance abuse programs. 1st half of FY'90, 2,491 were admitted.

In the Gallop survey, 40% of the boys report that they can easily obtain a handgun, and 23% report having carried a knife to school at least once in the past year.

In Massachusetts, a woman is killed by her husband, or boyfriend approximately every twenty-two days.

Most homicide victims are killed by someone they know. Eight of ten children are killed by a family member or acquaintance. Arguments and abuse account for 59% of all homicides.

OVER

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Violence against children: In 1990, Dept. of Social Services (DSS) received 82,831 reports of abuse and neglect of children, 17% increase over 1989. In 1989, DSS received 70,713 reports, 15% increase over 1988. In 1980, there were only 15,000.

LEGISLATIVE PROPOSAL:

This bill will set up a separate fund in the Commonwealth to be admininstered by the Office for Violence Prevention within the Department of Public Health. The fund shall be used only for the prevention of violence. The source of funding will be tax deductible contributions from both public and private sectors. Twenty-five percent of the tax checkoff is earmarked for the Children's Trust Fund for prevention of violence against children.

A Massachusetts Violence Prevention Advisory Board will be established to advise the Office of Violence Prevention. The Board will be appointed by the Commissioner of Public Health and make recommendations for the allocation of funds. Priority will be given to prevention and education programs in public schools and community education programs.

JUSTIFICATION:

Violence prevention has traditionally been perceived as a criminal justice issue. More recently, a public health approach has been developed as a result of an increased understanding of the characteristics of violence and its causes. The public health approach focuses on primary prevention. The Office of Violence prevention under the Dept. of Public Health will administer the fund with no more than six percent of the amounts held in the fund in any one year be used for administration.

H. 4821

The Commonwealth of Massachusetts

IN THE YEAR ONE THOUSAND NINE HUNDRED AND ~~EIGHTY-SIX~~NINETY-ONE

AN ACT TO CREATE A VIOLENCE PREVENTION TRUST FUND.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 10 of the General Laws, as so appearing, is hereby amended by inserting after section 35J the following section:

Section 35K. There is hereby established and set up on the books of the commonwealth a separate fund, to be administered by the Office of Violence Prevention in the department of public health to be known as the Massachusetts Violence Prevention Fund. Said fund shall consist of all revenues received by the commonwealth (1) under the provision of section six H of chapter sixty-two, (2) from public and private sources as appropriations, gifts, grants, and donations; and (3) from the federal government as reimbursements, grants-in-aid or other receipts. All revenues

credited to said Fund under this section shall remain in said Fund, not subject to appropriation, for use in the prevention of violence in the commonwealth. The state treasurer shall not deposit said revenues in or transfer said revenues to the general fund or any other fund other than the Massachusetts Violence Prevention Fund. The state treasurer shall deposit monies in said Fund in accordance with the provisions of section thirty-four and thirty-four A of chapter twenty-nine in such manner as will secure the highest interest rate available consistent with safety of the fund and with the requirement that all amounts on deposit be available for immediate withdrawal at any time. Said fund shall be expended only for the purpose of the prevention of violence at the direction of the director of the Office of Violence Prevention after consultation with the commissioner of the department of public health. Any unexpended balances shall be redeposited, as herein provided, for further use consistent with this section.

There is hereby established a Massachusetts Violence Prevention Advisory Board whose responsibility is to advise the director of the Office of Violence Prevention within the department of public health. The board will be appointed by the Commissioner of the department of public health and will meet at least four times a year to develop criteria for funding violence prevention programs in the commonwealth, requests for proposals and to evaluate proposed programs for funding. The board shall make recommendations to the director for allocation of funds in the forms of grants. Priority will be given to those proposals for prevention and education programs in the public schools and for community education programs. membership on the advisory board shall include, but not be limited to, representatives from the Criminal Justice Training Council, the executive office

of human services, the executive office of elder affairs, the department of social services, the department of education, the executive office of the Victim and Witness Assistance Board, the Massachusetts Coalition of Battered Women Service Groups, the Massachusetts Children's Trust Fund, a youth, a program for perpetrators of violence, and mental health and substance abuse professionals with experience in violence prevention.

Expenditures form the fund shall complement and not replace existing local, state, or federal funding. No more than six percent of the amounts held in the Fund in any one year shall be used for administration of the Fund; provided, however, that this provision shall not preclude the appropriation form the general fund of the commonwealth of additional amounts to support the administration of the Fund. Notwithstanding any statute or regulations to the contrary, the commissioner may develop procedures for accepting proposals for implementing any of the purposes of the fund as set forth in this section.

SECTION 2 . Chapter 62 of the General Laws, as appearing in the 1988 Official Edition, is hereby amended by inserting after section 6G the following section:

Section 6H. Every individual who files a separate return and every husband and wife filing a return jointly may voluntarily contribute all or part of any refund to which they are entitled, or may voluntarily add an amount onto any amount due, to be credited to the Massachusetts Violence Prevention Fund established pursuant to section thirty-five L of chapter ten.

A contribution made under this section may be with respect to any taxable year at the time of filing a return of the tax established by this chapter for such taxable year; provided, however, that the commissioner shall prescribe the manner in which such contribution shall be made on the face of the return required by section five of chapter sixty-two C; and, provided further, that the commissioner shall assure that taxpayers filing any such forms are made clearly aware of their ability to make the contributions provided for by this section.

The commissioner shall annually report the total amount designated under this section to the state treasurer, who shall credit twenty-five percent to said Massachusetts Children's Trust Fund.

SECTION 3. This act shall take effect upon its passage.

FACT SHEET ON VIOLENCE

BILL TITLE: AN ACT TO ESTABLISH THE OFFICE OF VIOLENCE PREVENTION

BILL #: 4699 COMMITTEE ON: Human Services and Elderly Affairs

SPONSORS: Representatives Hildt, Cleven, Evans, Fox, Gibson, Gray, Holland, Merced and Owens-Hicks
Senators Pines and Swift

PROBLEM

Violence is a major cause of death among adolescents and young adults.

- Suicide is now the leading cause of death for all 15-24 year olds in the United States; the suicide rate for this age group increased 40% between 1970 & 1980.
- Homicide is the second leading cause of death for all 15-24 year olds.

In Massachusetts, violence (suicide and homicide) ranks second to motor vehicle accidents as the leading cause of death among children. Deaths from violence are twice as common as deaths from cancer.

In 1987, there were 7,943 juveniles held for violent offenses (murder, forcible rape, robbery, aggravated assault). The annual cost of holding a juvenile in a state facility is $44,100.

The Annual Gallop Poll of the Public's Attitudes Toward Public Schools reveals that drugs and school violence are the leading issues facing students today. Half of the boys and more than one quarter of the girls in this survey indicate they have been in a fight in school in the past year.

In the Gallop survey, 40% of the boys report that they can easily obtain a handgun, and 23% report having carried a knife to school at least once in the past year.

In 1989, Battered Women's programs in Massachusetts sheltered 5,202 women and children who were forced to flee the violence in their homes. For each women sheltered, at least one was turned away for lack of space.

In Massachusetts, a woman is killed by her husband, or boyfriend approximately every twenty-two days. Battering is the leading cause of injury for women. In the United States 3-4 million women are beaten each year, and 53% of battering husbands also abuse their children.

In Massachusetts, rates of child abuse and neglect have been steadily increasing. In 1990 82,831 children were reported abused and neglected

Most homicide victims are killed by someone they know. Eight of ten children are killed by a family member or acquaintance. Arguments and abuse account for 59% of all homicides.

One in four college women surveyed reports having experienced rape or attempted rape. Of these, 84% of the rapes were perpetrated by an acquaintance.

Of college men surveyed, 15 percent reported that they had forced a woman to have sex; 51 percent in another study reported that they would rape a woman if they were certain that they would get away with it.

52% of men convicted for rape will be arrested again within three years.

LEGISLATIVE PROPOSAL

This bill reestablishes an Office of Violence Prevention in the department of Public Health. The office was established in 1988 when violence was recognized as a major public health problem. The office was eliminated when funding was cut in FY 1991. The legislation would establish the office in statue to ensure its continued existence.

The Office of Violence Prevention would be responsible for coordinating strategies and efforts by state agencies geared towards reducing interpersonal violence. The Office would promote education programs in communities and public schools; the Office would also provide curriculum materials that have been shown to be effective, and training to those who will teach violence prevention skills. The Office will work to integrate violence prevention into substance abuse and health education programs.

JUSTIFICATION

Because it is a major cause of injury and death, violence has become recognized as a serious public health problem as much as it is a criminal justice problem. Harsher punishment has done nothing to reduce violent crimes.

Recognizing that violence is a learned behavior resulting from modeling and often victimization, the public health approach to prevention focuses on changing attitudes and behaviors, as well as teaching nonviolent conflict resolution. This model is comparable to other behaviorally related health problems such as smoking, hypertension and heart disease, all of which have been reduced through preventative education.

As the many new violence prevention models are evaluated, there should be a single agency in Massachusetts responsible for coordination, information referral, training and promotion of the most appropriate approach to meet the needs of community and school groups.

AN ACT ESTABLISHING AN OFFICE OF VIOLENCE PREVENTION

REDRAFT

H.4699

SECTION 1. Chapter 17 of the general laws is hereby amended by adding the following section:-

SECTION 16. There shall be in the department an office of violence prevention whose purpose shall be to coordinate and expand violence prevention educational programs and activities to reduce the incidences of interpersonal violence and intentional injury.

The duties of said office shall consist of the following:

(1) to integrate a violence prevention focus within the department of public health and those agencies which receive funding from the department;

OVER

(2) to coordinate strategies and efforts by other state agencies to reduce incidences of interpersonal violence including child abuse, youth violence domestic violence, sexual assault and elderly abuse;

(3) to integrate violence prevention education into substance use and abuse prevention programs;

(4) to promote and support the development of comprehensive community and school based violence prevention initiatives within cities and towns across the state;

(5) to provide appropriate technical assistance, training and curriculum material to community groups, public agencies and schools; and

(6) to develop sources of funding to maintain the office and expand its activities.

Working With Victims of Violence: The Impact on Victim Service Providers

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Journal of Traumatic Stress, Vol. 3, No. 1, 1990

Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims

I. Lisa McCann and Laurie Anne Pearlman[1]

Within the context of their new constructivist self-development theory, the authors discuss therapists' reactions to clients' traumatic material. The phenomenon they term "vicarious traumatization" can be understood as related both to the graphic and painful material trauma clients often present and to the therapist's unique cognitive schemas or beliefs, expectations, and assumptions about self and others. The authors suggest ways that therapists can transform and integrate clients' traumatic material in order to provide the best services to clients, as well as to protect themselves against serious harmful effects.

KEY WORDS: countertransference; post-traumatic stress disorder; contact victimization; trauma; therapy with victims; burnout.

INTRODUCTION

Tom, a married man in his late 20's and father of two young children, was frequently disturbed by intrusive images involving danger befalling his loved ones. He became obsessed with safety precautions and was hypervigilant about strange noises in his house. As a result, he often woke up suddenly in the middle of the night, fearing that a prowler was in the house. Despite the absence of evidence of immediate danger, he would lie vigilant in his bed for several hours before finally dropping off to sleep. These recurrent feelings of impending danger disrupted his sleep pattern and left him with a pervasive sense of anxiety and vulnerability.

[1]The Traumatic Stress Institute, 22 Morgan Farms Drive, South Windsor, Connecticut 06074.

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Joan, a single parent and mother of two school-aged daughters, often attended school functions with other parents in the community. During one event, she observed a father stroking the hair of his young daughter, an exceptionally beautiful little girl. Suddenly, she experienced a vivid image of the father forcibly sodomizing the child, an image associated with feelings of disgust and anxiety. She quickly found a friend to talk to and consciously pushed the ugly image out of her mind. She reflected later that she often found herself distrustful of other people's motives, particularly where the potential abuse of children was involved.

Ann, a single woman in her 30's, would awaken in a cold sweat after experiencing a vivid, recurrent nightmare of being raped brutally at knife point. She would turn on all the lights and lie awake until the dawn broke. After these nightmares, she reported feeling vulnerable and exposed. Over the subsequent weeks she experienced intrusive thoughts about knives and became fearful of being around knives.

What do these three people have in common? Are they experiencing the psychological aftereffects of incest, rape, or some other traumatic violation? Indeed, these people are evidencing some of the cardinal signs and symptoms of the aftermath of a serious victimization. The nightmares, fearful thoughts, intrusive images, and suspicion of other people's motives are common among persons who have been victimized. However, neither Tom, Joan, nor Ann has directly experienced a victimization or catastrophe. What they do have in common is that they are all mental health professionals who spend a significant proportion of their professional time doing therapy with or studying persons who have been victimized. Although all of them have advanced degrees and training, including supervision in the treatment of victims, they are not immune to the painful images, thoughts, and feelings associated with exposure to their clients' traumatic memories. These reactions can occur as a short-term reaction to working with particular clients, as described in the literature on countertransference in work with victims (e.g., Blank, 1987; Danieli, 1981; Lindy, 1988) or as a long-term alteration in the therapist's own cognitive schemas, or beliefs, expectations, and assumptions about self and others.

Therapists who work with victims may find their cognitive schemas and imagery system of memory (Paivio, 1986) altered or disrupted by long-term exposure to the traumatic experiences of their victim clients. In this paper, we describe this transformation and provide a new theoretical context for understanding this complex phenomenon. Through the explication of the trauma-related alterations in the therapist's cognitive schemas, we build upon the existing literature to provide a systematic basis for assessing and understanding therapists' unique responses to clients' traumatic material. Our work at The Traumatic Stress Institute, a private mental health organization devoted to the treatment of trauma survivors, has shaped our thinking about this issue as well as providing the case material presented in this paper.

In the past two decades, mental health professionals have shown an unprecedented interest in the psychological aftermath of victimization (e.g., Figley, 1985, 1988; Horowitz, 1976; Lifton, 1973; van der Kolk, 1987). This interest has extended to a wide variety of victimizing events. While an extensive knowledge base exists on the psychological consequences of traumatic experiences for victims, less attention has focused on the enduring psychological consequences for therapists of exposure to the traumatic experiences of victim clients. Persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons. We term this process "vicarious traumatization."

First, we review previous conceptualizations of the client's impact on the psychotherapist and the psychotherapeutic process. Next, we apply our constructivist self-development theory to understanding the psychological impact of working with victims. Finally, we discuss the implications of this theory for clinicians who work with trauma victims.

PREVIOUS CONCEPTUALIZATIONS

Burnout

Working with victims clearly has much in common with working with any difficult population, such as seriously ill persons, victims of poverty, or persons with very severe psychiatric or social problems. Burnout refers to the psychological strain of working with difficult populations. From a social learning theory (Rotter, 1954) point of view, burnout might be conceptualized as the state in which one's minimal goals are too high and are not changed in response to feedback.

The symptoms of burnout have been described as depression, cynicism, boredom, loss of compassion, and discouragement (Freudenberger and Robbins, 1979). The research on burnout among therapists suggests the following as contributing factors: professional isolation, the emotional drain of always being empathetic, ambiguous successes (Bermak, 1977); lack of therapeutic success, nonreciprocated giving and attentiveness (Farber and Heifetz, 1982); and failure to live up to one's own (perhaps unrealistic) expectations, leading to feelings of inadequacy or incompetence (Deutsch, 1984). Although the burnout literature has not specifically ad-

dressed the effects of working with victims, these concepts are clearly relevant.

Working with victims may produce symptoms of burnout in mental health professionals for a number of reasons. Victims of undisclosed traumas may present with chronic, entrenched symptoms that are difficult to treat and require long-term therapy. Furthermore, trauma victims may be reluctant to focus on traumatic memories, a source of potential frustration for the therapist. Finally, helpers who understand victimization as a reflection of social and political problems may feel hopeless about the potential impact of individual psychotherapy upon the root causes of crime and violence.

We believe that burnout among therapists who work with victims has special meanings. That is, symptoms of burnout may be the final common pathway of continual exposure to traumatic material that cannot be assimilated or worked through. The symptoms of burnout may be analogous to the trauma survivor's numbing and avoidance patterns in that each reflects an inability to process the traumatic material.

Although the burnout literature is relevant to working with trauma victims, we concur with others (e.g., Danieli, 1981; Haley, 1974) that the potential effects of working with trauma survivors are distinct from those of working with other difficult populations because the therapist is exposed to the emotionally shocking images of horror and suffering that are characteristic of serious traumas.

Countertransference

The countertransference literature provides additional useful background for understanding this complex phenomenon. Countertransference traditionally has referred to the activation of the therapist's unresolved or unconscious conflicts or concerns. Freudenberger and Robbins (1979) write: "(in therapy), the therapist's old scars and injuries are constantly rubbed anew" (p. 287). Similarly, Farber (1985) suggests that the work of psychotherapy may reactivate therapists' early experiences and memories.

Within the victimization literature, countertransference has more broadly incorporated the painful feelings, images, and thoughts that can accompany work with trauma survivors. Haley (1974) originally described the intense and sometimes overwhelming emotions that can be evoked by exposure to images of atrocities or abusive violence reported by Vietnam veterans. In reporting her own reactions to hearing about atrocities experienced by her clients, Haley describes feeling "numbed and frightened" and cautions therapists to confront their own sadistic and retaliatory wishes. Blank (1984) states that persons who work with Vietnam veterans must face the darkest side of humanity and forever be transformed by it. S. ield (1985) suggests that work with these clients may stir up ambivalent, negative, or moral/judgmental feelings in the therapist and suggests the importance of confronting one's own feelings of aggression, rage, grief, horror, loss of control, and vulnerability. Margolin (1984) describes therapists' reactions to Vietnam veterans as centering around existential anxiety about death and non-being. Furthermore, Blank (1987) describes cases in which therapists experience an intrusion of their own unresolved traumatic experiences, including unresolved Vietnam experiences. With regard to work with incest survivors, Herman (1981) suggests the danger for female therapists of overidentification with the victim and rage at the perpetrator. In contrast, male therapists may experience overidentification with the aggressor.

The most comprehensive models of countertransference reactions among therapists who work with victims cite the following issues and themes. In her work with therapists who work with Holocaust survivors, Danieli (1981) found empirical validation for some of the following themes: guilt, rage, dread and horror, grief and mourning, shame, inability to contain intense emotions, and utilization of defenses such as numbing, denial, or avoidance. In a similar model, Lindy (1988) identified a number of symptom patterns that emerged in therapists in their work with Vietnam veterans. These included nightmares, intrusive images, reenactments, amnesia, estrangement, alienation, irritability, psychophysiologic reactions, and survivor guilt.

Finally, within the area of victimization, there is evidence that persons close to the victim, such as family members, may suffer signs and symptoms of traumatization similar to those of the victim. This concept has been described by Figley (1983) as secondary victimization. For example, there is evidence that children of Nazi concentration camp survivors (Danieli, 1985; Freyberg, 1980) and Vietnam combat veterans (Kehle and Parsons, 1988) may experience social and psychological difficulties. Critical incident stress, an acute type of post-traumatic stress disorder (PTSD), has also been observed in emergency workers who are at the scene of environmental disasters or accidents involving loss of life (Mitchell, 1985).

Overall, the above writings suggest that exposure to the traumatic experiences of victims may be hazardous to the mental health of people close to the victim, including therapists involved in the victim's healing process. These different literatures parallel the two lines of thinking in the field of traumatic stress which place different emphases on whether characteristics of the stressor or individuals' personal characteristics determine their responses to trauma. That is, the literature on burnout parallels the focus on characteristics of the stressor in that it suggests that the therapist is distressed because of the nature of the external event (isolation, difficult client population, and so forth). On the other hand, the countertransference liter-

ature parallels the focus on preexisting personal characteristics to the extent that it attempts to explain the individual's reponses as a function of his or her previous unresolved psychological conflicts. Constructivist self-development theory is interactive in that it views the therapist's unique responses to client material as shaped by both characteristics of the situation and the therapist's unique psychological needs and cognitive schemas.

In addition, we understand the effects on therapists as pervasive, that is, potentially affecting all realms of the therapist's life; cumulative, in that each client's story can reinforce the therapist's gradually changing schemas; and likely permanent, even if worked through completely. This notion has been written about somewhat more broadly in the past. Jung (1966) originally conceived that an "unconscious infection" may result from working with the mentally ill. English (1976) describes this process as follows: "As the emotional needs and distresses of people in difficulty were presented to me, I not only felt them through a process of empathy, but I also found I tended to absorb them within myself as well" (p. 193). Chessick (1978) also hypothesizes that conditions of depression and despair in one's clients (which he calls "soul sadness") can be contagious. Farber (1985) cites evidence that the client can transfer his or her pathology to the therapist. Finally, in a recent book on the personal impact of doing psychotherapy, Guy (1987) cites research which supports the notion that doing psychotherapy can be dangerous to the psyche of the therapist.

Within the area of victimization, others (Blank, 1987; Danieli, 1981; Lindy, 1988) have described a similar phenomenon, generally using the rubric of countertransference, while also raising questions about the adequacy of that construct to explain the phenomenon. Our notion of vicarious traumatization is somewhat broader than countertransference, as it implies that much of the therapist's cognitive world will be altered by hearing traumatic client material. It is our belief that all therapists working with trauma survivors will experience lasting alterations in their cognitive schemas, having a significant impact on the therapist's feelings, relationships, and life. Whether these changes are ultimately destructive to the helper and to the therapeutic process depends, in large part, on the extent to which the therapist is able to engage in a parallel process to that of the victim client, the process of integrating and transforming these experiences of horror or violation.

CONSTRUCTIVIST SELF-DEVELOPMENT THEORY

The material we present here expands upon our previous work and provides a new theoretical perspective for understanding and working with therapists' reactions. In previous papers (McCann *et al.*, 1988a,b), we described a new theoretical model for understanding psychological responses to victimization. That work focused on the complex relation among traumatic life events, cognitive schemas about self and world, and psychological adaptation. We have elaborated that model into a theory of personality we call constructivist self-development theory, described more fully elsewhere (McCann and Pearlman, 1990b). In this paper, we focus primarily on the portion of the theory that describes psychological needs and cognitive schemas.

The cognitive portion of the theory is built upon a constructivist foundation. The underlying premise is that human beings construct their own personal realities through the development of complex cognitive structures which are used to interpret events (e.g., Epstein, 1989; Mahoney, 1981; Mahoney and Lyddon, 1988). These cognitive structures evolve and become increasingly complex over the life span as individuals interact with their meaningful environment. Piaget (1971) described these cognitive structures as schemas. These schemas or mental frameworks include beliefs, assumptions, and expectations about self and world that enable individuals to make sense of their experience. Some of these basic schemas for experience involve beliefs and assumptions about causality, the trustworthiness of sense data, identity, and self-world relations (Mahoney, 1981).

An extensive review of the literature on adaptation to trauma (McCann *et al.*, 1988b) revealed five fundamental psychological needs: safety, dependency/trust, power, esteem, and intimacy. In later elaborations of our work (McCann and Pearlman, 1990b), we have expanded the needs of interest to include independence and frame of reference.

The cognitive manifestations of psychological needs are schemas. Our major hypothesis is that trauma can disrupt these schemas and that the unique way that trauma is experienced depends in part upon which schemas are central or salient for the individual. In this paper, we assert that working with trauma survivors can also disrupt the therapist's schemas in these areas. The therapist's unique reactions will be determined by the centrality or salience of these schemas to himself or herself. In addition to the focus on schemas, our current work (McCann and Pearlman, 1990a,b) includes more emphasis on the imagery system of memory, as well as ego resources and self-capacities. In this paper, we will focus primarily on changes in cognitive schemas and in the imagery system, both areas particularly relevant to understanding vicarious traumatization.

Cognitive Schemas

Beliefs, expectations, and assumptions about the world are central to many current notions about the effects of victimization. Janoff-Bulman (1985) asserts that victimizing life events challenge three basic assumptions or beliefs about the self and the world: the belief in personal invulnerability; the view of oneself in a positive light; and the belief in a meaningful, orderly world. Similarly, Taylor and Brown (1988) have reviewed the evidence that illusions about self and world are adaptive and enhance self-esteem and

mental health. Epstein (1989) presents four basic assumptions which he asserts are disrupted by trauma. These include the beliefs that the world is benign, the world is meaningful, the self is worthy, and people are trustworthy. The work of Roth and her colleagues (Roth, 1989) draws upon and provides empirical support for Epstein's conceptualization. Our work is consistent with this thinking.

Therapists may experience disruptions in their schemas about self and world when they work with trauma victims. These changes may be subtle or schocking, depending upon the degree of discrepancy between the client's traumatic memories and the therapist's existing schemas. Below, we describe how disruptions in these schemas may be associated with certain emotions or thoughts in the helper.

Dependency/Trust

Through their clients, therapist who work with victims are exposed to the many cruel ways that people deceive, betray, or violate the trust of other human beings, as well as the ways people can undermine those who depend upon them, as is often the case with child victims. This may well disrupt the therapist's schemas about trust. As a result, therapists may become suspicious of other people's motives, more cynical, or distrustful. In the case example of Joan, presented above, we find a helper who works with many incest survivors questioning the motives of parents at her child's school function. In our case conferences about victims, we sometimes observe ourselves expecting the worst from people in our clients' interpersonal worlds. For example, a therapist reporting on a new intake said, "I bet I know how this case is going to come out. The father is probably molesting the daughter, the mother has abandoned her emotionally, and everyone else is looking the other way." Startled by what she had just said, this therapist reflected, "I can't believe I'm saying this. I used to believe that most people are trustworthy and that some people are not. Now I believe just the opposite."

Safety

Images involving a loss of safety, including threats or harm to innocent people, may challenge the therapist's schemas within the area of safety. This will be particularly disruptive if the helper has strong needs for security. The case example of Tom, the therapist who awoke one night with fearful images of being violated by a prowler, involves a therapist who works with many victims of acute traumas, such as crime or rape. In this instance, the therapist strongly identified with his middle class suburban clients who

were victims of a burglary. His own fearful images closely corresponded to the images they reported in therapy. In other instances, the connection between the client's images and the therapist's response is not as readily apparent. For example, the helper might experience increased thoughts and images associated with personal vulnerability, such as loved ones being killed in a car accident. Therapists who work with victims of rape or other crime may experience a greater need to take precautions against such a violation. Overall, clinicians who work with victims of random violence or accidents may experience a heightened sense of vulnerability and an enhanced awareness of the fragility of life.

Power

Persons who have been victimized often find themselves in situations of extreme helplessness, vulnerability, or even paralysis. Exposure to these traumatic situations through the client's memories may evoke concerns about the therapist's own sense of power or efficacy in the world. In our experience, helpers with high needs for power are likely to be greatly impacted by the powerlessness reported by their clients. This can at times lead therapists to urge clients inappropriately to take action rather than to help clients understand the meanings of their responses. It is not uncommon to hear rape counselors report that they are taking self-defense classes, no doubt to increase their own sense of power as well as safety. In addition, therapists whose power needs are threatened may find themselves becoming more dominant in social or work situations. One therapist who works with crime victims states that he often fantasizes about how he would protect his family in the event of a criminal victimization. Sometimes these fantasies are brutal or retaliatory, expressing his need to reaffirm his beliefs in his own personal power. Another therapist spoke of wondering how she would respond if she were raped. Sometimes these thoughts became obsessional, as she would replay various rape scenarios over and over in her mind. To the extent that this leads to constructive self-protective action, whether by client or therapist, it is positive. Yet it can become dysfunctional if it leads to inappropriate attempts to control others or anger about one's inability to do so.

Alternatively, a therapist may express a heightened awareness of the illusory nature of control over capricious or unexpected life events. One therapist expressed this by stating, "I realize now how little control I really have over life or death. All that I have worked for can be destroyed in an instant and nothing I do now can prevent that from happening." In extreme cases, a therapist may find himself or herself experiencing feelings of helplessness, depression, or despair about the uncontrollable forces of nature or human violence.

Independence

Trauma survivors, such as victims of rape or other crime, often experience a disruption in their need for independence, such as restriction in their freedom of movement and a diminishment in personal autonomy. One of the therapists in our setting works with many rape and other crime victims. Several of her clients are women with high needs for independence who have experienced a profound diminishment in personal freedom since the victimization. One survivor continues to be terrorized by her assailant, resulting in her decision to move back into her family's home, an event that profoundly disrupted her independence. Her therapist found herself identifying with her client's loss of independence and described experiencing dreams in which she was similarly trapped and confined. While discussing these clients in a case conference, she reflected on how painful it would be "to lose my sense of personal control and freedom in my life" while another therapist, for whom safety was a more salient issue, focused on the sense of personal vulnerability this case elicited in her. For the therapist with strong needs for independence, the identification with clients who have lost a sense of personal control and freedom can be especially painful.

Esteem

We use esteem to refer to the need to perceive others as benevolent and worthy of respect. Persons who are violated or harmed through the uncaring, cruel, or malicious intentions and acts of other human beings may experience diminished esteem for other people or the human race in general.

The helper may also find his or her own view of human nature becoming more cynical or pessimistic. A therapist who had previously held an idealistic view of human nature, reflecting her training in humanistic psychology, experienced a painful shattering of her belief systems after working at the Institute for a year. In case conferences, she would often comment "I can't believe that people treat each other like this" and describe how distressing it was to encounter so much human cruelty. The discrepancy between her own positive schemas about human beings and the reality of the terrible abuses people perpetrate made this a particularly salient and painful issue for her. This diminished view of humanity may be associated with feelings of bitterness, cynicism, or pessimism. Therapists may experience a sense of anger at other people and the world in general as they reflect on the potential malevolence of others. This is a very painful experience as it involves a loss of youthful idealism. On an existential level, therapists may find themselves reflecting on the problem of human perversity and pondering the fate of the human race.

Intimacy

Trauma victims often experience a profound sense of alienation from other people and from the world in general. This experience is most often described in Vietnam veterans who found themselves at odds with a world to which they no longer feel connected (Lifton, 1973). Therapists who work with victims may experience a sense of alienation that results from exposure to horrific imagery and cruel realities. This alienation may be reinforced by other professionals who view the work they are doing with disdain or repulsion. Too often, therapists are asked "How can you listen to such terrible things day after day?" We met a rape crisis counselor at a professional meeting; when asked what kind of work she did, she paused briefly, told us, then pulled in her breath and pulled back slightly, as if waiting for a shocked response. Indeed, she eventually explained with some relief, that was the type of response she ordinarily received. Just as the victim often feels stigmatized (Bard and Sangrey, 1985), so too may the therapist exposed to these horrors experience an uncomfortable sense of separateness from family, friends, or coworkers. This sense of separateness is compounded by the requirement for confidentiality in psychotherapy, which precludes one's ability to reveal the disturbing traumatic material. This of course stands in the way of a sense of connection with others, and, unchecked, may grow into a deep sense of alienation. Finally, other professionals may assume that the therapist chose this particular field of study because of his or her own unresolved conflicts. This too can contribute to a sense that one is stigmatized because of one's association with the field of traumatic stress.

Frame of Reference

The need to develop a meaningful frame of reference for experience is a fundamental human need (Epstein, 1989; Fromm, 1955; Lecky, 1945; Rogers, 1951; Snygg and Combs, 1949). This need is represented cognitively in part in schemas related to causality, or individuals' attributions about why events occur. Traumatized individuals often reflect repeatedly upon the question, "Why did this happen to me?" Similarly, therapists may try to understand why an individual experienced a traumatic event. This can become destructive if it takes the form of victim-blaming. For example, a client reported that her previous therapist of several years minimized the importance of her incest experience, focusing instead on why she had allowed the incest to continue into young adulthood. Therapists can commit another serious therapeutic error by focusing on the possible motives of the assailant or perpetrator. A woman whose former boyfriend tried to murder her reported that her therapist asked her many more questions about the boy-

friend, his family, and his history, than about herself. This seems to reflect the therapist's rather than the client's need to assign causality. The client interpreted the therapist's behavior as the latter's unwillingness to hear her pain, and terminated therapy prematurely.

Another, perhaps more subtle, alteration in frame of reference schemas can also be quite distressing. If therapists' schemas are continuously challenged by clients' reports of traumatic experiences, they can experience an overall sense of disorientation. Without the opportunity to process their experiences, therapists, like clients, can respond to this with a pervasive and unsettling sense of uneasiness.

The Memory System

Therapists who listen to accounts of victimization may internalize the memories of their clients and may have their own memory systems altered temporarily or permanently. The following sections describe how the therapist's memory system may be affected by exposure to the traumatic memories of clients. These alterations in memory may become intrusive or disruptive to the helper's psychological and interpersonal functioning.

Disruptions in Imagery

The imagery system of memory (Paivio, 1986) is most likely to be altered in vicarious traumatization. Like the trauma victim, therapists may experience their clients' traumatic imagery returning as fragments, without context or meaning. These fragments may take the form of flashbacks, dreams, or intrusive thoughts (Horowitz, 1976) and constitute what some believe to be the hallmark of PTSD (Brett and Ostroff, 1985). These images may be triggered by previously neutral stimuli that have become associated with the clients' traumatic memories. In the case of Ann, presented earlier, the therapist experienced a nightmare that replicated the rape of one of her clients. Another clinician reported the uncanny experience of having a "flashback" that replicated that of one of her clients. This therapist, who works with many Vietnam veterans, found herself staring at a young Vietnamese waitress while ordering food in a restaurant. She described the following experience: "I found myself experiencing a vivid image of hiding in a rice paddy, watching for the enemy. Suddenly, a young Vietnamese girl spotted me and I knew, with horror, that I would have to kill her." The therapist recalls experiencing this as her own memory because the image was so vivid and powerful. These examples suggest that the client's memories may

become incorporated into the memory system of the therapist. The images can then be triggered by what previously was a neutral stimulus.

We also believe that the imagery that is most painful to therapists often centers around the schemas related to the therapist's salient need areas. That is, a therapist for whom safety is salient will likely recall those images that are associated with threat and personal vulnerability, while another, for whom esteem is more central, may focus in on images involving extreme degradation or cruelty at the hands of others. Likewise, the imagery that is recollected can produce a temporary state of disequilibrium as the schemas accommodate or change. Thus, what is recollected in the imagery system of memory is colored by schemas, which are encoded in the verbal representation system of memory (Paivio, 1986). Likewise, the memories (both imagery and verbal components) produce changes in the schemas as the latter accommodate to new realities.

Disruption in the imagery system of memory is often associated with powerful affective states (Bower, 1981; Paivio, 1986). Therapists may report a variety of uncomfortable emotions resulting from their work with victims, including sadness, anxiety, or anger. These feeling states may be activated and within conscious awareness or they may be repressed and out of conscious awareness. Some therapists, particularly those who are unable to process their emotional reactions, may experience denial or emotional numbing. These latter reactions may occur when therapists are exposed to traumatic imagery that is too overwhelming, emotionally or cognitively, to integrate. These feelings may be too overwhelming because the therapist's own capacities for affect regulation or self-soothing are overtaxed or because the traumatic experiences are too discrepant with the therapist's own meaning systems or schemas.

In brief, therapists may experience alterations in their own imagery system of memory through their work with traumatized clients in which they reexperience or avoid various components of their client's traumatic memories. For the most part, alterations in one's memory system are probably transient in nature. However, we believe that these traumatic memories can become permanently incorporated into the therapist's memory system. This is likely to occur when the material is particularly salient to the therapist, relating closely to his or her psychological needs and life experience, and when the therapist does not have the opportunity to talk about his or her experiences of the traumatic material.

SUMMARY

In the previous sections, we provided a theoretical conceptualization of the profound psychological impact of working with trauma victims,

which we refer to as vicarious traumatization. Elsewhere we apply constructivist self-development theory to the conceptualization of unique human beings who experience trauma (McCann and Pearlman, 1990b). Just as trauma alters its victims, therapists who work with victims may find themselves permanently altered by the experience. The unique effects on therapists can be more fully understood within this theoretical framework.

The Transformation of Vicarious Traumatization

In *Civilization and Its Discontents*, Freud (1961) expresses a dim view of human nature that reflects the painful awareness of the cruelty of the world and human beings:

> ...(people) are not gentle creatures who want to be loved, and who at most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness. As a result, their neighbor is for them not only a potential helper or sexual object, but also someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity to work without compensation, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and to kill him. *Homo homini lupus.* (Man is a wolf to man) (p. 58).

Is it inevitable that helpers who work with victims adopt this grim view of Freud's, a view that is both realistic and despairing? Is it possible to have a more optimistic view of humanity than Freud, without denying the harsh reality of violence and aggression? How can the helper be aware of and ameliorate these potential harmful effects, transforming images of horror and violence through his or her own healing process?

Therapists may experience painful images and emotions associated with their clients' traumatic memories and may, over time, incorporate these memories into their own memory systems. As a result, therapists may find themselves experiencing PTSD symptoms, including intrusive thoughts or images and painful emotional reactions. The helper must be able to acknowledge, express, and work through these painful experiences in a supportive environment. This process is essential if therapists are to prevent or ameliorate some of the potentially damaging effects of their work. If these feelings are not openly acknowledged and resolved, there is the risk that the helper may begin to feel numb or emotionally distant, thus unable to maintain a warm, empathetic, and responsive stance with clients.

Helpers must understand how their own schemas are disrupted or altered through the course of this work and also shape they way they respond to clients. Our theory can be helpful in identifying the areas within the therapist where disturbances might exist. For example, therapists for whom safety schemas are salient or disturbed may find it very anxiety-provoking to work with crime, rape, or accident victims. This work can challenge their

own beliefs in personal safety, resulting in a tuning out or avoidance of the client's memories. It is thus important for the helper to assess which of the seven need areas are particularly salient for him or her. This is important because the therapist's reactions to trauma survivors will be shaped by his or her own schemas.

It is important to tap into potential sources of support in one's professional network. The helper should first avoid professional isolation by having contact with other professionals who work with victims. These contacts can provide opportunities for emotional support for one's work in addition to the professional and intellectual support they offer. Professionals within a geographical area might organize support groups for helpers who work with victims. These support groups can be facilitated by experienced professionals who are sensitive to the personal effects of working with victims. Such groups can be focused around three major issues: normalizing the reactions helpers experience in the course of this work; applying constructivist self-development theory to understanding one's specific reactions; and providing a safe environment where helpers feel free to share and work through reactions that are painful or disruptive.

In our two-hour weekly case conference, we spend the first hour discussing and conceptualizing difficult victim cases (with client consent). In the second hour, we move into more personal discussions about what this means to us and how each of us responds to the painful experiences of victims. We refer to this as "feelings" time. As we have grown to trust each other and to allow ourselves to be vulnerable with one another, we have found this time together powerful and meaningful. At times, we have had to process not only our own individual reactions, but also the way in which particularly traumatic cases can affect the entire organization. At times, we struggle with two competing needs: the need to verbalize the traumatic imagery we are attempting to work through and the need to protect our colleagues from the stress of assimilating new traumatic material. The way we have attempted to resolve this is to talk openly about this dilemma and attempt to find a balance between the two needs. At times, we have had to tell each other that we cannot handle hearing details of a particular case because our own personal resources are at a low ebb or because we have particular difficulty assimilating certain types of traumatic material, such as serious violence against children. Fortunately, because the group is large enough, there is usually at least one other clinician who can listen and talk about any particular case. Providing a safe, supportive context for processing these issues is clearly essential to making this format positive and productive.

To this end, it is important that the group members avoid pathologizing the responses of helpers. Just as PTSD is viewed as a normal reaction to an abnormal event, we view vicarious traumatization as a normal reaction to the stressful and sometimes traumatizing work with victims.

While there is no doubt that countertransference reactions that arise from the therapist's own psychic conflicts are also important, we do not presume that the therapist's own unresolved issues always underlie these reactions. On the other hand, therapists' own unresolved victimizations of early childhood experiences can contribute to the process of vicarious traumatization. These reactions should not be viewed necessarily as a sign of psychopathology, but rather as an area of potential growth for the helper. Over the course of this personal exploration, the helper may conclude that he or she needs to work through these more personal issues in his or her own therapy.

Finally, the theory states that individuals will experience and construe events according to their own needs and schemas. As therapists learn more about their own psychological needs, they will be able to process traumatic material more effectively and limit its impact upon their schemas.

In essence, the process of working through vicarious traumatization is parallel to the therapeutic process with victims. We do not offer a quick fix approach to psychological issues that will require continual awareness, monitoring, and processing for those who work with many victims. As the authors were finishing the final touches on this manuscript in an office at home, workers were in the house installing a burglar alarm system. We reflected on the irony of writing an article on this topic while this was happening, as the need for the alarm system was a direct result of disruptions in safety schemas in our work with many crime victims. That our lives have changed in permanent ways must be acknowledged, along with the inherent losses and pain associated with this process.

We have found it useful to share with each other coping strategies that help us ameliorate some of the potential hazards of this work. The coping strategies that have emerged from our weekly discussions include: striving for balance between our personal and professional lives; balancing a clinical caseload with other professional involvements such as research and teaching that can replenish us; balancing victim with nonvictim cases; being aware of and respecting our own personal boundaries, such as limiting evening or weekend work; developing realistic expectations of ourselves in doing this type of work; giving ourselves permission to experience fully any emotional reactions of which we are aware; finding ways to nurture and support ourselves; engaging in political work for social change; and seeking out nonvictim-related activities that provide hope and optimism. Furthermore, it has been important for us to be aware of our conflict areas or unresolved traumas that are reactivated by the therapeutic process.

In a recent article on how mental health professionals cope with working with difficult cases, Medeiros and Prochaska (1988) found evidence that the coping strategy "optimistic perseverance" is adaptive. We concur that maintaining optimism and hopefulness in the face of tragedy is an essential component to making our work with victims possible. To this end, we also try to acknowledge and confirm the many positive experiences in our work as well as the positive impacts this has had on ourselves and our lives. It is important to remind ourselves and others that this work has enriched our lives in countless ways. In our case conferences, we also share the many personal rewards that are inherent in this work. There is a tremendous sense of personal meaning that evolves from knowing that we are involved in an important social problem by making a contribution toward ameliorating some of the destructive impact of violence on human lives. For some of us, an outcome of our enhanced awareness of social and political conditions that lead to violence has been greater social activism. Other positive effects include a heightened sensitivity and enhanced empathy for the suffering of victims, resulting in a deeper sense of connection with others; increased feelings of self-esteem from helping trauma victims regain a sense of wholeness and meaning in their lives; a deep sense of hopefulness about the capacity of human beings to endure, overcome, and even transform their traumatic experiences; and a more realistic view of the world, through the integration of the dark sides of humanity with healing images. Although we may be sadder but wiser, it is important to acknowledge the many ways this important work has enriched our own lives as well as countless others.

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The Interview

By D. C. Denison

Pam Berry

Mercedes Tompkins

Mercedes Tompkins is the executive director of Casa Myrna Vazquez, a Boston-based program that provides shelter and services for battered women and their children.

Does a restraining order make much of a difference in domestic-abuse cases?
Restraining orders work in terms of developing a woman's own self-esteem. It's an empowerment tool for women. It says, "I've had enough. I'm serious." But in terms of stopping a crime from happening, no, it's not helpful. And in some cases it aggravates the situation.

How many calls do you get a week?
I'd say roughly around 50.

Do calls to Casa Myrna increase as economic conditions worsen?
The calls increase for supportive services. Women may want restraining orders, or they may want to join a support group, but they may be a little bit more apprehensive to leave. And that makes sense. Even in good times, it's often very hard for a woman to leave an abusive situation. That's a concept that men often have a hard time understanding: "Why does a woman stay?"

Why do you think that is?
I don't know, but for men, I often compare it to a work situation: Let's say you work in a law firm. Someone has just said something incredibly nasty to you, but they're higher up in the pecking order. You may even feel like they're continuing to harass you, but they're higher up in the pecking order. And you stay. Why? Because of economics, maybe prestige, maybe your family security. You stay for a lot of reasons. Well, just picture a battered woman: Her home and her children are her livelihood. Why would she leave? And if you transfer that into your own personal relationships, you know there are times where you ask yourself, "Is this time for me to leave, or is this just a minor impasse?" And you don't leave, and you work it through. So maybe it's a time when you should just work it through. And those are the kinds of dilemmas that a woman is faced with when she's in the middle of a crisis. She's thinking, "Maybe he's having a bad time now," or "There are some outside pressures on him, and I really love him." And you put that together with the time you've already invested in the relationship, and the children, and economic dependence, and you don't move.

Are a lot of women also reluctant to hire a lawyer and get involved with the court system?
Sure. I remember the first time I walked into a courtroom, I was in awe. It was so formal. And I speak English. Can you imagine how it would be for someone who doesn't speak English? That's why in our brochure we emphasize that you do not need a lawyer to get some of these legal protections.

Do many battered women decide to move to another city, just to be safe?
Yes. We're one of the few bilingual shelters, so we often get calls from outside of Massachusetts, sometimes from as far away as Florida and Puerto Rico. We'll get a call from a shelter, and they'll say, "This guy is hanging around outside. The woman feels very insecure. Do you have any space?"

Do you take them?
If we can. Because often we're talking about a life-or-death situation. We're talking about abusers who are extremely resourceful and will travel to the ends of the earth to stalk you.

If you had to pick a model city, for the way it deals with domestic violence, what would it be?
Quincy. They have an excellent judge who sits in probate court, they work with the criminal justice system, the district attorney's office, and the shelter that's there. And if you're guilty of domestic violence, they'll put you away. They don't play.

What are the penalties for domestic violence?
It used to be discretionary, and some courts were very lenient on the abuser. Brockton was terrible, for example. Also Somerville. But that was before the Abuse Prevention Act passed, at the end of 1990. Now, fortunately, it is not discretionary. Now there has to be a sentence: either to treatment or to jail.

> "I remember the first time I walked into a courtroom, I was in awe. It was so formal. And I speak English. Can you imagine how it would be for someone who doesn't speak English?"

Is there more abuse going on, or are people being more honest about it?
I think people are being more honest about it. People are trying to unlock those doors that have been closed for a long time. It's more acceptable to talk about domestic violence. At the same time I think we're also seeing a trend, among our young people, toward some really destructive behaviors.

Like what?
Like kids acting out violently. And I see it as part of a whole violent cycle where violence becomes a solution for problems: "I feel frustrated, so I want to punch you." Or "He called you a name? You should hit him." So violence becomes a very easy solution. Nobody wants to spend the time to talk to each other anymore. It's survival of the fittest. I think all of us are having to deal with much more violence these days, military and domestic.

Has crack had an effect?
It's had some effect because crack is a very violent, very aggressive drug. It's not like heroin, where you sort of lie back and zone out. So we have seen women who have been beaten in that sort of drug environment. And it's very scary, because it's so unpredictable.

Do you ever have situations where abusers track their wives or girlfriends to Casa Myrna?
Well, five years ago we had a fire here, and it was of a suspicious nature. As far as the arson squad knows, it was arson. And I can't rule out that it was somebody trying to track down somebody. That's when it drove home to me how serious the crime is, and that we're possibly dealing with some very unhealthy people.

You keep your address a secret, don't you?
Yes, and that helps. Occasionally, though, we will get calls. I remember one time we had a 16-year-old volunteer working the phones here, and an abuser started calling, saying things like, "I know my wife is there" and "She can't leave me, she's supposed to do what I tell her." This girl couldn't believe it. I wound up talking to him and saying, "Listen, have you thought about help?" And he said, "All I did was shove her — and I think she's cheating on me." And I said, "That's a problem, but there are options other than being violent." This went on and on. And then finally, after talking to him for 45 minutes, it was like, "Okay, well, why don't you give me that number." •

D. C. DENISON IS A CAMBRIDGE-BASED WRITER.

Towards Stress-Resistant Persons: A Stress Management Approach to the Treatment of Anxiety

Raymond B. Flannery Jr., Ph.D.

With the reported increase in life stress in recent years, it is important to understand the relationship between such stress and health. It would be of further value if efficacious and time-limited approaches for coping with life stress were to be developed. This paper presents a brief history of the literature on stress, health, and illness. It focuses particular attention on persons who cope adequately with life stress—stress-resistant persons. It also outlines a four-step program to teach these effective coping skills to more vulnerable persons, and presents preliminary findings and the theoretical and clinical issues involved in its implementation. [Am J Prev Med 1987;3:25–30]

Since the early writings of Plato and Aristotle on the nature of the well-ordered soul, there has been continuing interest in why some persons cope well with life's adverse circumstances while others confronting apparently similar problems are demoralized or even crushed. Medicine and psychiatry have long explored these stressful life events and their impact on individual health and well-being. The nature of this relationship has been studied in two ways: (1) through the association between life stress and subsequent illness and (2) through the association between life stress and health in situations where illness would be expected. As current authors[1–3] continue to document the mounting stress in twentieth century life, understanding these relationships becomes increasingly important.

The first approach to assessing the impact of life stress focused on the stress-illness relationship. Cannon's studies in the early 1920s[4] are usually cited as the first series of systematic observations on this association. His work demonstrated that external events could cause changes in physiological processes by altering emotional states. Meyer,[5] building on the early work of Freud, systematized the identification of these events and their importance in psychopathology. His "life charts" related biological and social-psychological phenomena to one's state of health. The impact of such social-psychological phenomena was further underscored by studies of psychological disturbances during the Second World War and, more recently, after the Vietnam War.[6] Research into the nature of this stress-illness relationship has been, and will remain, a basic field of inquiry.

The second method for assessing the impact of life stress focused on the qualities of those who remain healthy even in the presence of stressful life events—events that normally lead to illness.[7] The challenge has been to identify the attitudes and coping skills of these healthy persons with the hope of teaching these skills to more vulnerable persons. Hinkle[8,9] is generally considered the first investigator to systematically study healthy persons. In studies of telephone company employees, he noticed that patterns of illness were not random, that these patterns became clearer if one understood the stressful events in individual lives, and that some persons with certain styles of coping avoided illness. He noted that avoiding intense emotional arousal and remaining flexible in forming new relationships helped people successfully avoid illness.

Building on this work, subsequent researchers emphasized differing skills that lead to competence and mastery. White[10] emphasized the importance of planned, orderly problem solving, and Lazarus, in a distinguished series of studies,[11] established the importance of the cognitive reappraisal of events in mastering life stress. In another important series of papers, Maddi and Kobasa[2,12] identified three factors that can predict "hardy" personalities in executives. Control, commitment, and a flexible response to challenge have been associated with good health in these persons. While our under-

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standing of stress-resistant persons as successful copers is still developing, this second method of inquiry into the stress-health continuum has been helpful in determining which factors moderate the impact of these social-psychological phenomena.

This paper reviews the coping strategies of persons who adapt successfully to life stress, and presents a treatment approach for teaching these adaptive skills to more vulnerable persons.

Characteristics of Stress-Resistant Persons

Despite our current limited understanding,[13] and even with widely differing methodologies,[2,11,14,15] four factors repeatedly emerge as coping strategies in stress-resistant persons and are associated with a lower incidence of physical illness,[14] lower amounts of anxiety and depression,[16] and increased longevity.[17,18] The factors are as follows:

1. Personal control—Much experimental literature claims that perceiving one's self in control of one's environment and its rewards leads to improved health.[2,14,16,19] "Planful," organized, self-directed activity reduces stress and subsequent illness.[2,14] Those who allow others to make their decisions for them or who perceive control as external risk greater physical and psychological distress.[2,14,20] While it is becoming clear that personal control is multifactorial[10,14,19,21] and needs further analysis, remaining in charge of one's life appears to be an adaptive coping strategy.[2,14,15,19-21]

2. Task involvement—White[10] considered task involvement an important component of general competence, and subsequent research[2,14,15] has demonstrated the importance of being involved in a task that is important and meaningful to the individual. This appears to be true even if the task demands some sacrifice of other short-term pleasures. While the various components of meaningful task involvement need further empirical clarification, personal involvement in and commitment to a task appear to lead to better individual health.[14,15]

3. Lifestyle choices—There is increasing evidence that certain types of behavior are beneficial to individuals, and that they are also followed by stress-resistant persons. Dietary stimulant reduction is an example. Stress-resistant persons are willing to change their diets and reduce the amount of caffeine, nicotine, and refined white sugar they consume.[18,22] They then report less somatic distress.[22] Hard exercise is another healthful strategy that moderates the impact of stressful events. That aerobic exercise is helpful in managing physiological distress and inducing a longer-lasting state of well-being has been documented by several researchers.[12,23,24] Hard exercise appears to reduce one's reactivity to psychosocial stress.[24] Relaxation exercise is a third coping mechanism used by stress-resistant individuals. Benson,[25] Boudreau,[26] Holmes,[27] and Wolpe[28] reported the reduced somatic arousal, increased perceptual clarity, and general sense of well-being that result when a person exercises regularly. While stress-resistant persons adhere to all three coping mechanisms, it is unclear why these strategies are beneficial. It may be that people who use these mechanisms are more concerned about health in general, but another, yet unidentified factor may explain why some people are drawn to these behaviors. However, these lifestyle choices do appear to augment the individual's ability to cope with events.[12,18,22,24,27,28]

4. Social supports—Several authors[17,20,29-31] have documented the importance of human beings relying on one another to cope with difficult situations. Relationships can buffer stress by providing emotional, informational, and instrumental support as well as social companionship.[29] Sometimes this help comes from being in a social network (e.g., an extended family), and sometimes from specific individuals outside the network (e.g., a helpful employer).[29] While the nature of these relationships and the optimal number of them needed for successful adaptation remain unclear, it does appear that some social supports are helpful in the management of life stress.[20,29,31]

Although these characteristics of stress-resistant persons are well-documented, they should by no means be considered exhaustive. Researchers are currently exploring the roles of humor[32] and of religious values[33] in moderating stress. Other factors may come to light. While much experimental research remains to be done, there appear to be enough data to support the development of a program to teach stress-management skills to persons at greater risk.

A Stress-Management Program

A stress-management program has been developed, based on a group treatment model, for persons with general anxiety. Its goals are to (1) reduce somatic arousal and (2) develop more successful coping strategies for common stress events. The basic program utilizes four interventions: (1) a modification of intake of dietary stimulants (caffeine, nicotine, refined white sugar), (2) relaxation exercises, (3) an individualized hard-exercise program, and (4) a stress inoculation process to learn adaptive coping strategies for common stressful situations.

The groups meet for eight 90-minute sessions. Homogeneity of composition and a group size of eight members appear to encourage group interaction and compliance. For participants who are patients, this may be their primary treatment; for many, the stress-management group is an adjunct to their overall treatment plan. For participants who are not patients this approach is usually presented as part of an in-service training program and is adapted to individual organizational needs.

Screening. Applicants are referred to the group by their internist, therapist, or employer. After reviewing each case, the group leader screens potential members for possible psychosis or disabling disturbances. Group members are also apprised of the logistics and parameters of the group, e.g., that active participation is expected. A physical exam is required to rule out any medical problem that could cause anxiety (e.g., hyperthyroid, mitral valve prolapse, etc.),[34] and to certify that members are ready for the hard-exercise component of the program. If a person wishes to participate, he or she is given a medical clearance form to be completed by his or her physician before the first group meeting. An important aspect of the screening is giving the individual the chance to ask questions, thereby enhancing his or her sense of control and participation.

First session. In this initial meeting, participants are asked to give examples of stressful situations and symptoms of anxiety. The common elements of these situations and symptoms are discussed by the group. A brief presentation of the physiology of somatic arousal[20] and the characteristics of stress-resistant people follows. Next, the participants are shown how to take their pulse, are given forms to record their pulse rates three times a day, and are shown how to average them for the next seven days. This average pulse rate is then used as a physiological measure of somatic arousal. Finally, each member is given the following questionnaires to complete before the next session: the Schedule of Recent Experience,[35] a measure of major life events; the Hassles Scale,[36] a measure of ordinary daily frustrating situations; the Taylor Manifest Anxiety Scale;[37] the Beck Depression Inventory;[38] and the Locus of Control Orientation Scale,[39] a measure of how much control an individual perceives he or she has over the environment and its reinforcers. The first two of these measures appear to be methodologically weak,[40] and members are so advised.

Second session. This meeting opens with a review of the previous week's theoretical material and a check for compliance with the pulse baseline data. Each participant scores the questionnaires as the group leader reads the correct answers. Each measure is scored in its standardized format, and norms are presented so that each individual will have a clearer understanding of his or her stressors and their impact on current functioning. The four-step stress-management program is presented next. The session closes with each person entering into a behavioral contract[41] to modify one of the three dietary stimulants in some small way.

Third session. This session begins with a brief review of all theoretical material, and checks are made of compliance with pulse recording requirements and adherence to dietary modification. The remainder of this session is spent in training and practicing the relaxation response.[25] Members are taught to sit quietly, breathe deeply and slowly, and to concentrate on an image of a restful place, if they wish. Members are asked to practice this response three times a day for ten minutes each time.

Fourth session. This meeting begins with an assessment of compliance with the assigned tasks. Behavioral contracts are renegotiated for small but increasing reductions in dietary stimulants. The next 15 minutes are used to induce the relaxation response, and the remainder of the session is spent developing a hard-exercise program for each member. Each person is asked to commit himself or herself to three 20-minute periods of some form of hard exercise for the next seven days. Members are taught the importance of starting an exercise program gradually and of following all specific instructions from their physicians. Warm-up and cool-down periods are then explained and modeled[42] to insure good health practices. This session closes with a brisk 15-minute walk.

Sessions five to eight. Each remaining session begins with the necessary checks for compliance. These are followed by a brisk 15-minute walk, and then by 15 minutes of relaxation training. The rest of the time is spent in stress inoculation training.[43] This procedure emphasizes the importance of negative cognitions in inducing anxiety, and the need to develop general adaptive cognitive and behavioral coping strategies. Good cognitive coping techniques include strategies to inhibit negative thinking, to relabel physiological arousal as a signal for positive action, and to provide self-praise. Behavioral strategies include techniques to minimize somatic arousal and direct action to resolve stressful situations. A common group stress inoculation task might be coping with urban rush-hour traffic. Direct courses of action would be discussed (e.g., using less traveled roads, changing time commitments, working flexible hours, using the relaxation response) along with cognitive strategies (altering

negative thinking, e.g., thinking "This is not the worst thing that has happened to me; I'll enjoy the baseball game on the radio"). Participants play roles during group time and are encouraged to use these strategies in vivo during the subsequent week. Problems can be common daily hassles, or situations specific to group needs, such as teaching courtroom summation skills to lawyers or supermarket strategies to agoraphobics.

Clinical Implementation

This program has been offered in general medical and psychiatric outpatient settings, in a day treatment program for the chronically mentally ill, in an outpatient behavioral medicine program, in an in-service training program for health center clinical staff, and (adapted) in a variety of EAP settings.

Initial results are based on studies with a total of 94 participants, from nine groups. Participants ranged in age from 19 to 64 years. Most had completed high school, and about one third of the sample had college and/or advanced graduate degrees. Participants included 15 patients seen in outpatient day settings who had such problems as generalized anxiety disorders, agoraphobia, psychosomatic disorders, and hypertension; 26 patients seen in day treatment programs with problems such as schizophrenia and manic-depressive illnesses; and 53 persons in EAP programs for administrators, health care professionals, educators, and municipal employees. Participation was voluntary. Seven subjects withdrew (2 with psychotic episodes unrelated to the group treatment, 1 with severe housing problems, 1 confined to home with agoraphobia, and 3 for uncertain reasons).

Participants reported improved health and more adaptive functioning consistent with previously reported findings. They reported decreased amounts of somatic arousal, including less muscular tension, less leg cramping, and less need of medicines for high blood pressure.[25-28] They reported less shortness of temper with others,[25] less insomnia,[25] and lesser amounts of anxiety and depression.[14,16,25] They also reported a new sense of mastery and better interpersonal relationships, including better cooperation in family chores, more cooperative behavior at work, and new friendships.[2,14,15,19,20,29,31] Attendance, compliance, and group cohesiveness were generally high; after six months, many participants were using at least one component of the treatment approach. While this approach does not appear to be helpful in acute psychotic episodes, and while there is no data yet about the effectiveness of this approach with persons who may have organic brain syndromes or suffer from mental retardation, it does appear to ease a number of different problems.

This program seeks to instill the skills of stress-resistant persons in vulnerable individuals in the following ways. Through personal control, the individual learns to take responsibility for his or her behavior. The various tasks and group setting proscribe passivity. Participants commit themselves by written contract to modify their diet, do relaxation exercises, and to do hard exercise with the understanding that these things will be monitored. They are responsible for obtaining a physical exam, keeping personal baseline data, and completing self-report inventories. In the stress inoculation component, they choose problems and work actively to resolve them. In addition, they are expected to choose the route of the weekly group walk. These requirements appear to train individuals to develop planned, self-directed activity.[2,14,16]

Through task involvement members become involved in the program in different ways. All subjects seem to appreciate the emphasis on personal improvement, health, and on developing more normal adaptive ways of coping so that the stigma associated with stress and anxiety is eased. Participants report on specific interactions with concrete outcomes and nonjudgmental feedback to enhance motivation and feedback. These factors, plus the social supports (reviewed infra), appear to enhance meaningful involvement.[2,14,15]

Much of the treatment program involves basic lifestyle choices known to augment improved physical and mental health: the removal of dietary stimulants,[18,22] relaxation exercises,[25,26,28] and hard exercise.[12,22] Thus, group members completing the program begin to modify their behavior in these directions.

Treatment time in each session is devoted to basic group intervention to increase member acceptance, build cohesion, and increase motivation.[44] There are friendly exchanges of information and reinforcement from other group members for cooperation and success. Members keep in telephone contact between sessions and at times have paired off during the week to exercise. Friendships have developed, and many have been maintained after the group's formal ending. These aspects appear to enhance interpersonal sharing and develop better coping skills.[17,20,29,31]

This stress management program is having an increasing impact in the hospital and its community-based programs. Generated in part by the enthusiasm of the participants, in part by the demon-

strated effectiveness of the approach, and in part by the fiscal realities of the need for group treatment in the public sector, stress management groups are now more commonly considered part of a comprehensive treatment plan for persons suffering from anxiety. Similar groups are now being implemented as part of the acute inpatient service, part of the program for trauma victims, in the hospital's neighborhood community health clinics, and in one of the nursing homes for which the staff provides consultation.

Yet many questions remain unanswered. Can this method be replicated with similar results in other settings? What is the best admixture of self-reports, behavioral observations, and physiological indices to assess the outcome? What constitutes the best group composition? Which of the components contribute most to the outcome? For whom is this approach contraindicated? Finally, what are the mechanisms that lead to beneficial change? In this treatment program self-formation or ego-relatedness,[45] social skills acquisition,[10,42] reduction in somatic arousal,[25] group universalization,[44] or a combination of these mechanisms may lead to improved health.

While further clinical experimental inquiry is required, initial findings suggest that this program begins to teach persons to take charge of their life, to become involved in tasks (as well as group experiences) that are meaningful and interesting, to acquire healthier lifestyle patterns, and to accomplish these goals with support from others in an enjoyable social encounter.

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Worksite Stress Management Interventions

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ABSTRACT: Despite the general agreement that stress plays a role in everyday life, there continues to be substantial controversy about how stress can be managed at the worksite. During the last decade, our knowledge of stress management interventions has increased substantially. Despite this improvement, deficiencies in the literature exist. In this article, we offer a framework that may be used for viewing organizational stress interventions, briefly review some of the stress management intervention literature in the context of this framework, and identify future needs that may be particularly appropriate for organizational psychologists to address.

The existence of organizationally sponsored health promotion activities such as exercise programs, alcohol and substance abuse counseling, and stress management has accelerated rapidly during the past decade. Of these activities, none has been more successful than stress management in capturing the attention of managers, union leaders, employees, lawyers, doctors, and organizational psychologists alike. From an organizational perspective, the interest in stress management is straightforward. Employers pay approximately 80% of all private health insurance premiums (Clement & Gibbs, 1983). Moreover, worker compensation laws increasingly include provisions for awarding benefits for injuries stemming from stress incurred at the worksite (Ivancevich, Matteson, & Richards, 1985). Organizations are, however, not the only potential beneficiaries of effectively managed worksite stress. Research suggests that the value of stress management interventions can range from the safety and welfare of employees, to far more general societal benefits including reduced health care costs, legal costs, and lower costs for goods and services (Everly, Feldman, & Associates, 1985; Hollander & Lengermann, 1986, 1988; Walsh, 1988).

Predictably, the breadth and strength of these organizational, social, and legal issues have led to a noticeable increase in theory development and research on stress and its effective management. The Medical Literature Analysis and Retrieval System (MEDLARS) database indicates that more than 1,200 articles were published on the subject of stress between 1976 and 1985 (Vingerhoets & Marcelissen, 1988). It is somewhat surprising, therefore, that so few methodologically sound assessments of worksite stress management interventions (SMIs) can be found in the literature. Although there are many reasons for this lack of rigorous evaluation, some of the more troublesome are the methodological barriers imposed by typical organizational settings. These include a lack of control over extraneous sources of variance, inadequate control group comparisons, difficulties obtaining appropriate samples, and numerous other threats to the internal and external validity of research findings.

Despite these difficulties, the importance of a healthy work force demands that organizational psychologists develop a thorough understanding of the effectiveness of the various intervention strategies that are available. In this article the existing literature on worksite SMIs is briefly summarized, along with a sampling of corporate programs. We also offer a heuristic framework to help guide future research and application efforts.

A Framework for Stress and Stress Management Interventions

Scientific inquiry into stress has been inhibited by the lack of a clear, generally accepted definition of what we mean by stress. Fortunately, there is at least modest agreement that stress involves a combination of one or more of the following: an environmental stimulus, or stressor, often described as a force applied to the individual; an individual's psychological or physical response to such forces; or, the interaction between these two (Beehr & Franz, 1986; Ivancevich & Matteson, 1980; Mason, 1975). The existing research on stress has focused on the physiological, psychological, or behavioral outcomes resulting from exposure to stressors that are appraised as aversive or unpleasant. Much of this research is, in turn, devoted to the ways in which individuals cope with these stressful experiences. In addition, there has been an interest in preventive actions designed either to reduce the presence of stressors or neutralize their stress-producing potential. Thus we define worksite SMIs as any activity, program, or opportunity initiated by an organization, which focuses on reducing the presence of work-related stressors or on assisting individuals to minimize the negative outcomes of exposure to these stressors. In this sense, SMIs represent a form of health promotion or wellness programs, terms that have become fashionable in recent years, although these programs may (and frequently do) include non-stress-related topics such as nutritional counseling, smoking cessation, and off-site accident prevention (Fielding & Piserchia, 1989).

Figure 1 provides a framework for organizational psychologists and management practitioners involved in the design, implementation, and evaluation of SMIs. As is suggested by the figure, interventions can target three different points in the stress cycle. Interventions can attempt to (a) change the degree of stress potential in a situation by reducing the intensity or number of stressors

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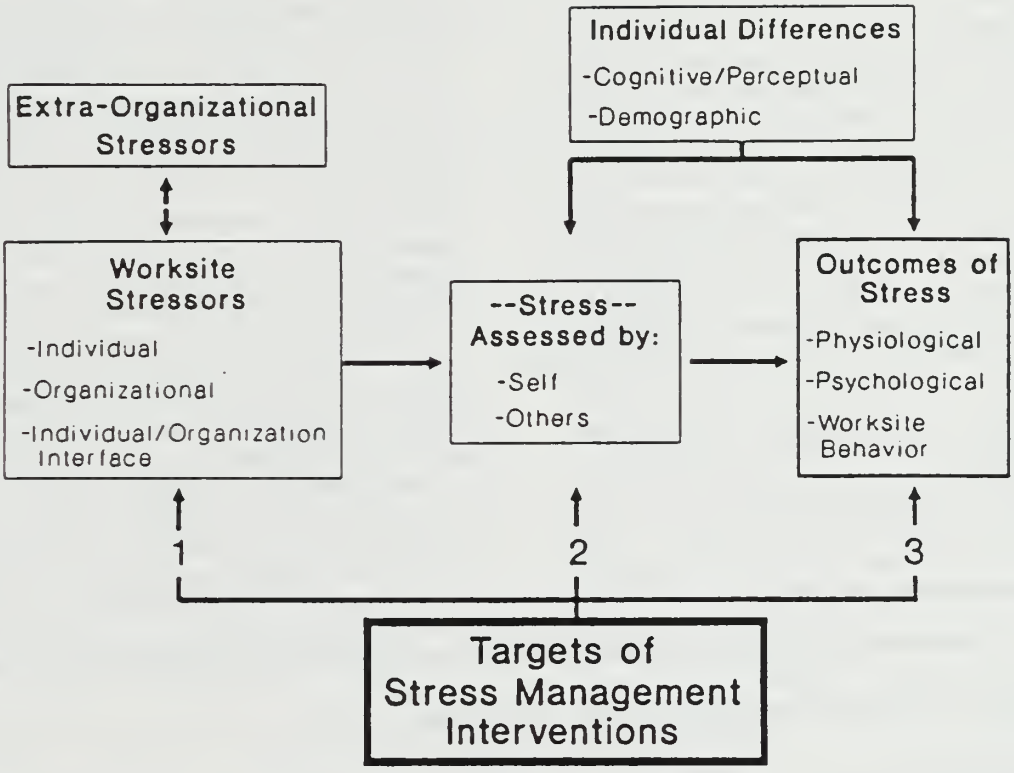
Figure 1
Worksite Stress Management Intervention Framework



present. (b) help employees to modify their appraisal of a potentially stressful situation, or (c) help employees to cope more effectively with the consequences of stress.

Changing the degree of stress potential associated with a situation requires an understanding of individual, organizational, and interactive stressors encountered in work settings. Critical issues for this approach include job design and redesign, human factors engineering, skills and safety training, and selection and placement decisions. Thus the unique expertise that organizational psychologists possess can be an important facet of effective interventions at this point in the process.

Interventions focused on the employee's cognitive appraisal of the situation also provide psychologists with a challenging opportunity. Because these interventions attempt to help employees cognitively redefine potentially stressful situations, an understanding of individual differences is essential. Personality, values, and needs assessments all become a necessary part of SMIs at this point in the framework. For example, an employee in the advancement stage of a career is more likely to appraise a decrease in assigned job responsibilities as being stressful than is an employee who is nearing retirement. Finally, interventions may assist employees (and, consequently, their organizations) in their ability to cope with stress outcomes. The type of training that psychologists receive in problem diagnosis and treatment is vital to the success of interventions that improve employees' coping behavior.

Figure 1 also suggests that an effective worksite SMI entails a cooperative effort by employees, employers, and relevant extra-organizational persons. To describe and discuss fully all the aspects of this model is, therefore, well beyond our present purpose. Rather, we focus primarily on the SMI programs as they are embedded in this admittedly more complex process. With this qualification in mind, Figure 2 provides representative examples of specific intervention programs and the stress outcomes that they may be directed toward modifying. The three intervention targets in the figure correspond to intervention points 1, 2, and 3 depicted in Figure 1. Specific intervention programs associated with these targets can focus on the individual, the organization, or the interface between the individual and the organization;

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outcomes may be similarly categorized. As an example, minimizing periods of work overload (a situational stressor target of intervention) by redesigning the job (organizational intervention) may reduce an employee's anxiety (individual outcome) and improve absenteeism rates (organizational outcome).

Some programs may be designed specifically as stress interventions. For example, the cognitive approaches referred to in Figure 2 include cognitive restructuring, in which the individual is trained to alter certain irrational beliefs regarding stressors, and stress inoculation training (Meichenbaum, 1985) in which positive and useful responses to possible stressors are rehearsed. Other interventions depicted in the figure, such as goal-setting or time management programs, may have legitimate non-stress-related objectives of their own. Nonetheless, when undertaken specifically to prevent or reduce stress, they qualify as SMIs.

Research on Worksite Stress Management Interventions

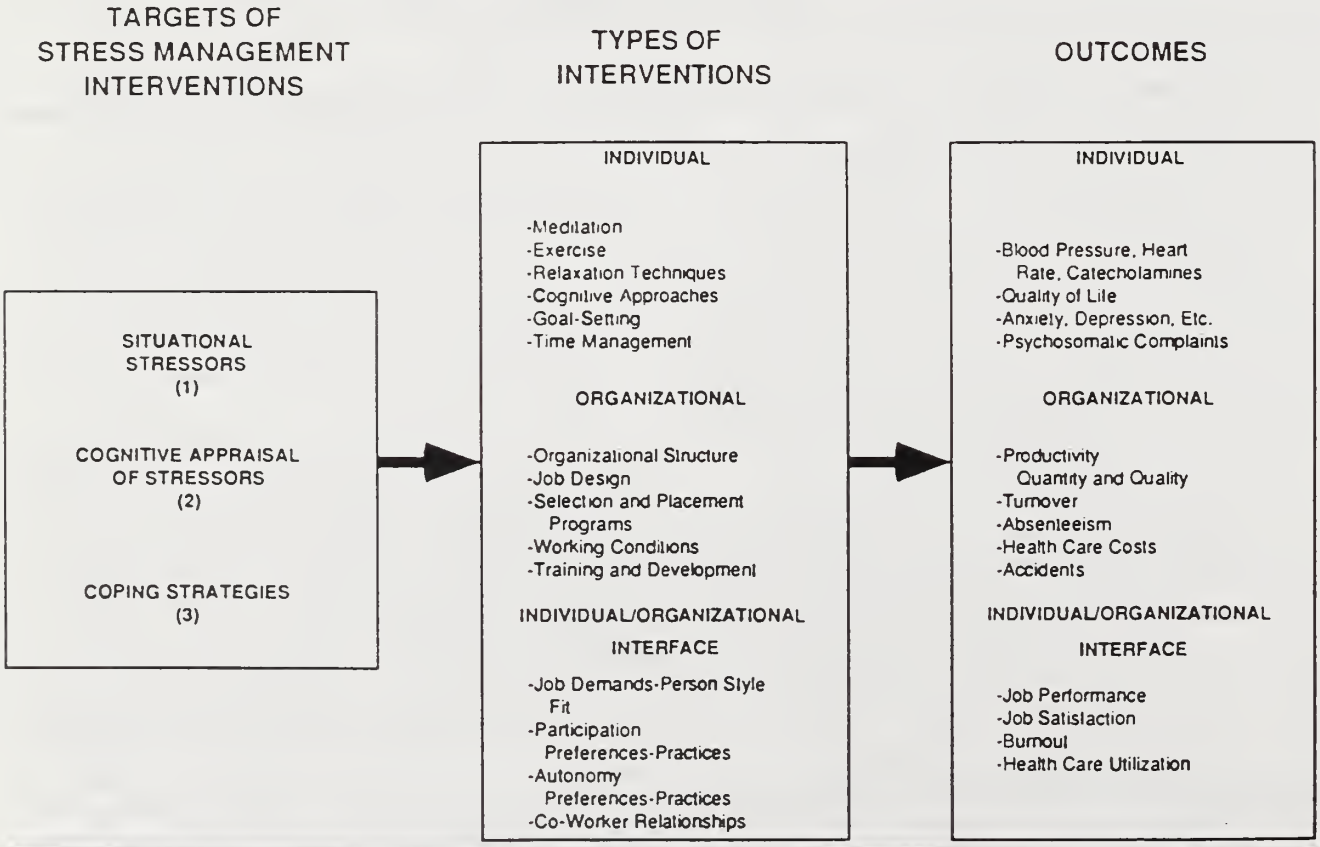
In the first comprehensive review of SMIs, Newman and Beehr (1979) concluded that

> the most glaring impression we received from the review was the lack of evaluative research in this domain. Most of the strategies reviewed were based on professional opinions, and "related" research. Very few have been evaluated directly with any sort of scientific rigor. (p. 35)

Specifically, of the 52 studies reviewed, only 6 included empirical research designed to evaluate directly the effectiveness of the intervention; 32 of the cited studies relied solely on professional opinion (based on theory, personal practice, or experience). In the 10 years since the Newman and Beehr (1979) article, several authors have reviewed the SMI literature (see, e.g., DeFrank & Cooper, 1987; McLeroy, Green, Mullen, & Foshee, 1984; Murphy, 1984a, 1986). It is not our intent here to undertake a similar review. Rather, we draw upon such reviews to determine the state of SMI research and to offer some conclusions regarding future needs.

The framework represented in Figure 2 can be used to provide some instructive insights into the current state of research on worksite SMIs. With respect to outcome measures, for example, there is a clear bias in favor of outcomes that focus on the individual. This can be seen by categorizing the 32 measures used in the 13 studies reviewed by Murphy (1984a): 27 of these represent individual outcomes, with only 3 organizational and 2 individual or organizational measures used. Similarly, in the DeFrank and Cooper (1987) review, 15 outcomes fo-

Figure 2
Stress Management Interventions: Targets, Types, and Outcomes



cused on the individual, 2 on the organization, and 7 on the individual/organizational interface. With their special interest and expertise in the more macro organization variables such as structural, design, and productivity issues, organizational psychologists have a key role to play in contributing to a more balanced focus among these different outcomes.

A similar pattern exists for interventions. All the interventions in the studies reviewed by DeFrank and Cooper (1987) and Murphy (1984a) emphasized the individual. In their early review, Newman and Beehr (1979) found only one study that included direct evaluative research of an organizational intervention. This imbalance may be due, in part, to the orientation of those persons conducting such studies. Many are physicians, counselors, clinicians, and others with a more individual than organizational perspective.

Given the disproportionate focus on individual interventions and outcomes in the existing research, it is not surprising that stressor appraisal and coping strategies are far more common intervention targets than are situational stressors. None of the previously cited reviews identified any SMI studies that used organizational stressors as intervention targets. In our search, we uncovered only four: Jackson (1983) focused on increased employee participation; Murphy and Hurrell (1987) described an intervention establishing an employee stress reduction committee that makes recommendations to management; Pierce and Newstrom (1983) discussed the introduction of flexible work schedules; and Wall and Clegg (1981) focused on work redesign. In each study, one or more measures indicated a reduction in stress.

Despite our earlier observation that methodologically sound studies are infrequent and that there is a disproportionate individual focus in SMI evaluations, SMI research has improved significantly since the Newman and Beehr (1979) report. Table 1 lists some studies that have appeared since the original 1979 review. We draw upon this table in subsequent sections for examples of research that illustrate specific cause for optimism.

The studies included in the table are representative of the most rigorous designs used to implement and evaluate worksite SMIs. In that sense they serve to demonstrate that significant improvements have been made in the quality of intervention research in the last 10 years. The studies reviewed by Newman and Beehr (1979) were characterized by lack of control groups, reliance on subjective responses of participants, and cross-sectional nonexperimental designs. In contrast, the majority of the studies in Table 1 employed control subjects, multiple and objective outcome measures, and longitudinal quasi-experimental or experimental designs.

Corporate Examples

No discussion of worksite SMIs would be complete without recognition of the fact that a growing list of companies have made a commitment to ongoing stress management programs. These corporate programs vary widely in their objectives, structure, and range of targeted employees. Thus a few brief examples may help to demonstrate the diversity that does exist.

In one of the earliest corporate programs dealing specifically with stress management, Equitable Life Assurance established its Emotional Health Program. Schwartz (1982) described it as an excellent example of a comprehensive approach to stress management; the program is concerned with prevention, treatment, and referral of employees. Staffed by a clinical psychologist, a physician, a psychology intern, and a counselor, it focuses on the individual intervention level offering a variety of relaxation training, including biofeedback, as well as counseling. When appropriate, referrals are made to external mental health practitioners and hospitals. In one program evaluation report, Manuso (1980) reported significant reductions in stress-related outcomes including anxiety, headaches, and health center visits.

New York Telephone Company has also attempted to improve employee health and productivity by offering a number of individual-level SMIs. Although a comprehensive stress management program is available, most of the attention has been devoted to meditation and relaxation components. After a slow beginning, during which compliance rates with program recommendations were low, evaluation studies now point to significant improvements in participants' coping skills and reductions in anxiety, hostility, and depression (Carrington et al., 1980; Collings, 1984).

Increasingly, organizational stress management efforts represent one aspect of multiple component corporate health promotion programs. The STAYWELL program developed by Control Data and now marketed to other companies is a typical example. The objective of the program is to lower employee health risks using techniques such as exercise, smoking cessation, hypertension screening and control, weight control and nutritional counseling, and stress management. The Johnson & Johnson Live for Life health promotion program is comprised of similar components, including stress management. Evaluations of both these programs suggest positive physical (e.g., lower blood pressure), psychological (e.g., job satisfaction), and behavioral (e.g., decreased alcohol use) outcomes for the stress management components (Naditch, 1986; Wilbur, Hartwell, & Piserchia, 1986).

The Future of Worksite Stress Management Interventions

There is no question that substantial progress has been made in worksite SMIs since the first published review of such programs a decade ago. The number of programs has increased (Vingerhoets & Marcelissen, 1988), and program evaluation has become more systematic and rigorous (Murphy, 1984a; DeFrank & Cooper, 1987). Although we do not wish to deprecate this advancement, it is also true that much remains to be done. Specific needs are many and varied. In the paragraphs that follow, we

Table 1
Progress In Stress Management Interventions Research: A Representative Sample

Researchers	Subjects	Intervention target	Intervention type	Outcome measures	Results/comments
Carrington et al. (1980)	Telephone company workers	CS	Meditation, muscle relaxation	Depression, anxiety, hostility	Corporate program. Meditation was superior to relaxation. Control group used.
Manuso (1980)	Clerical and managerial workers	CS	Relaxation (via biofeedback)	Anxiety, headaches, health care utilization	Corporate program. Significant symptom reduction, cost savings reported. No controls used.
Peters (1981)	Office workers	CS	Relaxation	Blood pressure, performance, satisfaction	Good controls. Identified conditions important in relapse prevention.
Wall & Clegg (1981)	Departmental work teams	SS	Work redesign, autonomy increase	Job satisfaction, emotional distress	Significant changes in outcome measures, with 6- and 18-month follow-ups. No controls used.
Ganster, Mayes, Sime, & Tharp (1982)	Public agency workers	CA CS	Cognitive modification, relaxation	Epinephrine, depression, anxiety, somatic complaints	Epinephrine and depression levels were better for trained subjects than for controls. True experimental design used.
Jackson (1983)	Hospital employees	SS	Increasing participation practices	Emotional strain, absenteeism, role conflict and ambiguity	Some effects (less distress, lower turnover intention) significant at three months, others (reduced role ambiguity and conflict) at six months. Solomon four-group design used.
Murphy (1984b)	Road maintenance workers	CS	Muscle relaxation	Muscle tension, anxiety, sleep disturbances	Controls showed changes on most measures. Trained groups showed less baseline regression on follow-up. Blue collar sample used.
Bruning & Frew (1987)	Hospital equipment employees	CA CS	Cognitive modification, meditation, exercise	Blood pressure, heart rate, skin response	Each intervention led to improvement in outcome measures. Combination of interventions led to greater improvement. Good design, with controls, was used.

Table 1 (continued)

Researchers	Subjects	Intervention target	Intervention type	Outcome measures	Results/comments
Murphy & Hurrell (1987)	State government employees	CA CS	Cognitive modification, relaxation	Job satisfaction, work environment scale	Moderate changes reported. No controls used. Described formation of Stress Reduction Committee to make recommendations regarding strategies for reducing stress, but no data yet collected on this interesting intervention.
Jones et al. (1988)	Hospital employees	SS CS	Increased participation, work redesign, relaxation exercise instruction	Job satisfaction, objective job performance error rate	Series of four related studies. Excellent example of combining good design with practical questions. Significant improvement was shown in intervention compared with matched controls.

Note. CS = coping strategies; SS = situational stressors; CA = cognitive appraisal.

identify some of the more pressing and challenging of these needs, focusing particularly on opportunities awaiting organizational psychologists in worksite SMIs.

Asking the Right Questions

Like any organizational intervention, SMIs require the commitment and support of top management. Such commitment and support are more likely to occur if practical, organizationally relevant questions are asked. What outcomes can the intervention accomplish? Who should participate? What are program costs, and will such programs be cost-effective? In some cases management concerns may conflict with rigorous research designs. For example, management concerns regarding maximum employee participation in an intervention may hinder the use of control groups or prohibit randomization. This is not to suggest that addressing such concerns be the only goal. Instead, twin goals of answering practical organizational questions and conducting rigorous research should be pursued. In partial response to the problems caused by such competing goals, Stone (1978) discussed the merits of a number of quasi-experimental designs (Campbell & Stanley, 1966). These designs attempt to balance practical constraints with maximum levels of rigor.

The Jones et al. (1988) research noted in Table 1 is a good example of meeting the twin goals of asking meaningful questions and conducting sound research. In a series of four hospital studies, these investigators examined the relation between stress and malpractice claims, and the impact of SMIs in reducing malpractice risk. One or more of the four studies used objective measures, was longitudinal, and used matched controls.

Theory-Building and Application

Even a cursory examination of the SMI literature leads one to the conclusion that much of the research is atheoretical. For example, numerous approaches to conceptualizing the nature of the stress process are available (see, e.g., Vingerhoets & Marcelissen, 1988, who identify at least seven), yet rarely does an SMI study proceed from an identified theoretical position. The theoretical assumptions made about the nature of stress should play a major role in the choice of interventions, yet seldom is this the case.

As another example, if an intervention is designed to reduce the likelihood of an unwanted stress outcome, the theoretical position one takes regarding the causal nature of the stressor–outcome relationship is critical. Whether one subscribes to an initial impact or to an exposure time model of stress effects, for example, may have implications for intervention choice, treatment duration, and evaluation study design. An initial impact model assumes a short duration between exposure to a stressor and a resulting outcome; an exposure time model assumes a longer duration (Frese & Zapf, 1988). In addition to the underutilization of theory in the development, implementation, and evaluation of SMIs, there is a need to

report the results of SMI research in the context of current theory and to use the outcomes of our empirical research to build additional theory. Increased attention to theory application and construction in SMIs can lead to more rapid and efficient increases in our knowledge.

Methodological and Design Issues

Without exception, every review of worksite SMIs cited in this article has pointed to needed improvements in research design and implementation. At the time of the Newman and Beehr (1979) review, much of the evidence supporting SMIs was indirect and anecdotal in nature. As was noted earlier, the studies listed in Table 1 demonstrate that significant improvements have been made. For example, the Jackson (1983) study employed a Solomon four-group design that included two postintervention evaluation points. The Ganster et al. (1982) research used a true experimental design with multiple outcome measures. The Bruning and Frew (1987) research is noteworthy for examining several different intervention programs with systematic variation in the combination and ordering of the programs presented.

Many researchers have focused on a variety of specific methodological and design issues that need to be addressed by those involved with SMI research (e.g., Frese & Zapf, 1988; Kasl, 1986). These studies are recommended reading for everyone conducting SMI research. Continued improvements in SMI research will come only when the methodological shortcomings of much of the present research are addressed.

Relapse Prevention

The majority of worksite SMIs are directed at short-term, individual outcome improvements. The rationale appears to be that once exposed to new knowledge, skills, and general behaviors, the worker will continue to practice them after the formal intervention (treatment) occurs. Unfortunately, this issue is rarely addressed as part of the intervention. An exception is the Peters (1981) study from Table 1 in which factors associated with practice maintenance were examined.

Marlatt and Gordon (1985) have, however, proposed a reasonable program for confronting the strong likelihood of relapse. They also offered suggestions for developing appropriate coping activities to deal with this possibility. The underlying theme of the Marlatt and Gordon (1985) program is that a learning trial phase will occur immediately after the intervention. During this trial phase, the individual tests new habit patterns against old patterns and risks "falling off the wagon." The challenge is to prevent this from happening by using relapse prevention strategies, such as having the individual teach the new skills to someone else (Peters, 1981).

Related to the issue of relapse prevention are SMI participation and attrition rates. In a free-choice situation seldom does everyone who might benefit elect to participate. Similarly, not all of the initial participants choose to complete the program. Strategies designed to broaden individual participation and reduce attrition need to be developed and tested. Thus we must have research efforts designed to increase our understanding of organizational, demographic, psychosocial, and behavioral factors associated with participation and adherence decisions.

Targeting Situational Stressors

The clearest conclusion that can be drawn from our earlier review of the SMI literature is that the focus of such programs is overwhelmingly individual. It is also true that with few exceptions, the individuals for whom SMIs have been designed are managerial and white-collar employees. (One such exception from Table 1 is Murphy, 1984b, whose sample consisted of road maintenance workers). Rather than representing separate phenomena, there is reason to conclude that the two are interrelated.

The results of a survey sponsored by the National Institute for Occupational Safety and Health (Singer, Neale, Schwartz, & Schwartz, 1986) provides some insights into the reasons for both the individual orientation of SMIs and the bias toward white-collar employees. In this study, representatives from more than 200 companies and union groups were asked a number of questions concerning their views on stress and stress management. The pattern of responses to the survey clearly establish that management and labor have significantly different perspectives on stress management. Management respondents saw stress in terms of the individual employee's responses and supported interventions aimed at teaching individual responsibility and personal coping skills. Union leaders saw stress in terms of situational and environmental stimuli. Concomitantly, they supported interventions designed to change organization structure and other system variables (e.g., work content, task demands, and quality of supervision).

The union leadership position has been expressed by Lee Shore of United Auto Workers Branch 805: "We do not seek to help workers manage their stress better or to adjust to the conditions that are potentially dangerous to health. Rather, when we speak about stress reduction we are talking about stress prevention—creating healthy workplaces" (cited in Singer et al., 1986, p. 174). Union representatives are, however, not the only ones calling for a focus on situational stressors. Several authors have also stressed the importance of modifying situational factors as a part of stress management (e.g., Ganster, Mayes, Sime, & Tharp, 1982; Gardell, 1987). We believe that an important opportunity for organizational psychologists lies in helping to shift SMI research toward a more organizational perspective. This in turn will almost surely result in broadening the focus of SMIs to include more than white-collar employees.

Organizational development and other planned change programs are currently within the purview of many psychologists associated with organizations. Viewed from the perspective of the framework presented earlier (see Figure 2), such programs typically share a core of characteristics. They usually target situational aspects of the organization environment, focus on organizational or individual/organizational interface interventions, and

outcomes. Thus, for psychologists already addressing organizational development issues, no radical change in emphasis is required. Instead, these people could make a substantial contribution to the stress management literature with a rather subtle reorientation in their thinking about organizational change efforts. The Wall and Clegg (1981) study cited in Table 1, which focuses on a work redesign program designed to increase the autonomy of workers, is a good example.

The Role of Individual Differences

There is general agreement that individual differences play a major moderating role in the stress process (see, e.g., Depue & Monroe, 1986; Payne, 1988). As Figure 1 suggests, individual difference effects may influence the appraisal of stressors and shape the kind and degree of stress outcomes. Identification of all of the individual variables potentially related to our framework is well beyond the scope of this article. To illustrate both the needs and opportunities that exist, however, we briefly examine a few variables that may be important to organizations.

Gender. The dramatic increase in women's employment in recent years (Freedman & Phillips, 1988) suggests that a more systematic analysis of how work-related stress and SMIs affect women is needed. For example, women may experience stressors unique to their gender, such as sex discrimination, harassment, and comparable worth problems that result in pay inequity. Some evidence indicates that in the same work setting men and women may experience stress differently with respect to symptoms and threat appraisal (Greenglass, 1982; Jick & Mitz, 1985). Based on a review of 19 studies, Jick and Mitz concluded that women tended to report higher rates of psychological distress, and men were more prone to physical illness. Can SMIs improve these rates? What type of SMI is the most efficient in generating improvements? These and similar questions have not been systematically addressed.

Race. The relations between race and various aspects of stress is unclear, in spite of a growing amount of research in the area (see, e.g., Neff, 1985). Important questions remain to be answered with regard to a variety of possible differences. For example, Veroff, Douvan, and Kulka (1981) suggested that Blacks may possess better adaptation resources for dealing with stress than do Whites. If this is true, what are the implications for the design of SMIs that focus on developing coping skills? Another example relates to the concept of John Henryism, defined as the tendency to cope actively with environmental psychosocial stressors and to believe that one can control such stressors through hard work and determination (James, Hartnett, & Kalsbeck, 1983). Preliminary indications are that John Henryism moderates stress among Blacks but not among Whites (James et al., 1983; James, Strogatz, Wing, & Ramsey, 1987). The generality of such findings, however, suggests that additional research is needed. Other increasingly represented groups in the labor force, such as Hispanics and Asians, should be the focus of work stress and SMI research as well.

Type A behavior. As a moderator of stress, Type A behavior (Friedman & Rosenman, 1954) is of particular interest to organizational psychologists because of its reputed role in contributing to increased job performance (Ivancevich & Matteson, 1988) and because Type A behavior among employees is thought to be influenced by organizational environments. With respect to SMIs, this has implications for all three major components of the framework represented by Figure 2: intervention targets, intervention level, and outcomes. Type A intervention research (see, e.g., Roskies, 1987) is not only limited, but also it has focused almost exclusively on the Type A *individual*. As with other work on SMIs, we encourage organizational psychologists to continue these explorations but to supplement them by examining the importance of Type A behavior on organizational outcomes.

Hardiness. The concept of hardiness has been nurtured by Kobasa and her colleagues (Kobasa, Hilker, & Maddi, 1980; Kobasa, Maddi, & Kahn, 1982). Whereas most stress researchers were asking, "Who gets sick from stress?" they were asking, "Who stays healthy (physically and mentally) under stress—and why?" This stream of research suggests that hardy individuals (defined as those who exhibit a sense of commitment in various aspects of their lives, believe themselves to be in control of their lives, and seek out and welcome challenge) will experience fewer dysfunctional outcomes under chronic stress than will their less hardy counterparts. If this is true, hardiness might also be an effective coping skill that can be developed as part of an intervention program. Both the role that hardiness may play in stress outcomes and its potential as an intervention strategy are worthy of further research and testing.

Conclusion

The current state of worksite SMI has two faces. The negative face suggests that present knowledge about SMIs is largely based on anecdotes, testimonials, and methodologically weak research. Existing reviews point to a lack of evaluation sophistication, knowledge acquisition, and skill development (DeFrank & Cooper, 1987; Ivancevich & Matteson, 1986; Matteson & Ivancevich, 1987; Murphy, 1984a, 1986). The positive face indicates that the rate of rigorously designed, implemented, and evaluated worksite interventions is steadily, albeit slowly, increasing.

As our knowledge of the many facets of SMIs continues to grow, so also does the need for such knowledge. Organizations—and the environments in which they operate—are growing increasingly complex. As one example, consider the increase in mergers and acquisitions in recent years. In 1986 alone, merger and acquisition activity involved more than 4,200 transactions and affected hundreds of thousands of employees. Corporate America is being bought, sold, spunoff, split up, and otherwise restructured at an unprecedented rate (Nahavandi & Malekzadeh, 1988). The fear and uncertainty that this level of activity generates among members of organizations, as well as the frequently resulting job loss, have

created a need for specialized "merger stress" interventions (Matteson & Ivancevich, in press).

Much remains to be done. We have presented a framework that may be useful to researchers and practitioners as they contribute to the theoretical, empirical, and practical work that is needed. The challenge and opportunity facing organizational psychologists is to do better. More rigorous designs with better controls and more representative samples are critical. So too is the long view offered by longitudinal research employing repeated measures. Additionally, we can help by leading the way in organizational interventions, focusing more on situational stressors and organizational outcomes than has previously been the case. In short, we would urge psychologists to use their specialized knowledge and expertise to improve the quality of work life through stress management interventions so that all concerned—employees, organizations, and society as a whole—can benefit.

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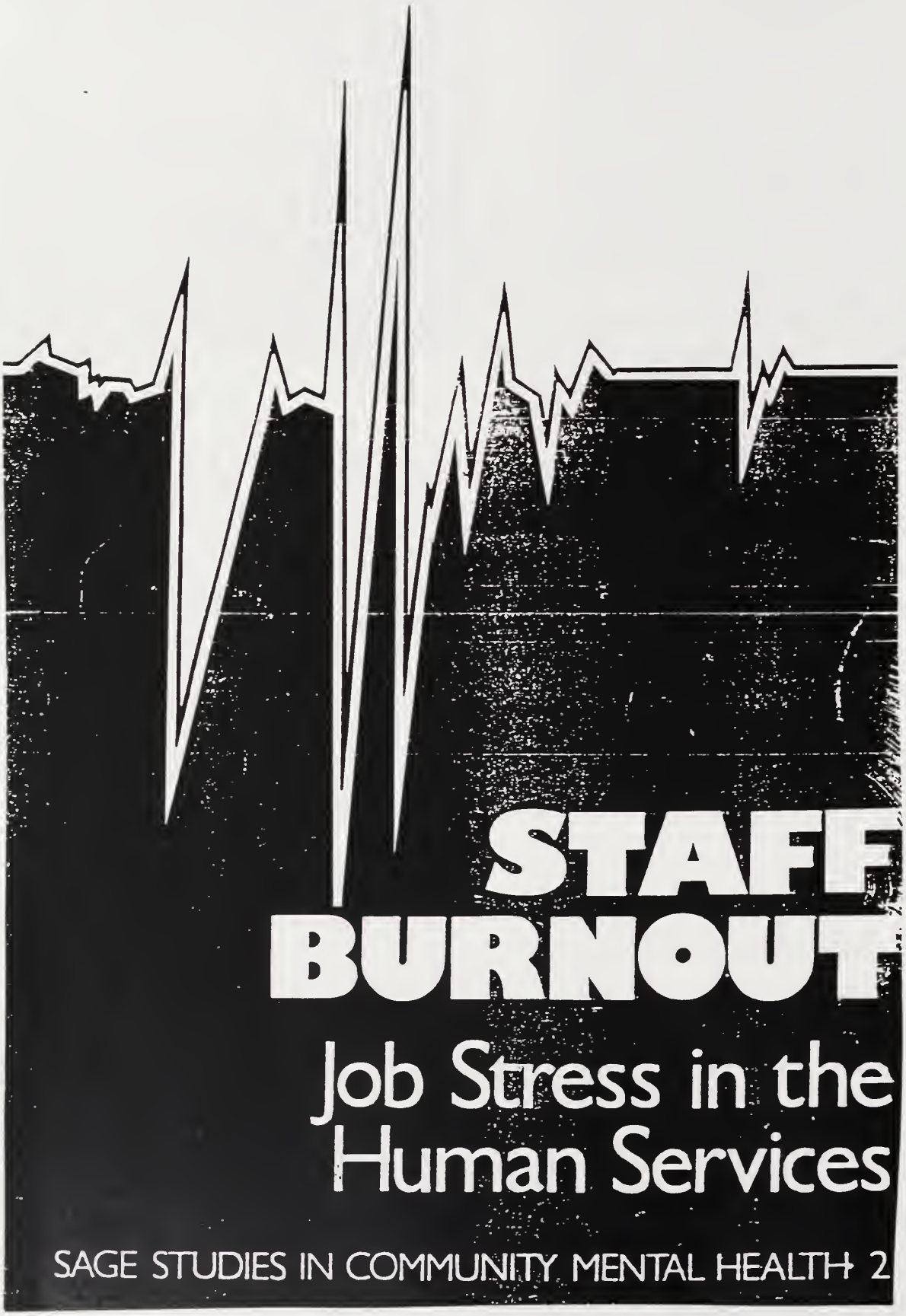
CARY CHERNISS



STAFF BURNOUT

Job Stress in the Human Services

SAGE STUDIES IN COMMUNITY MENTAL HEALTH 2

TABLE 1.1 Signs and Symptoms of Job Stress and Worker Burnout in Human Service Programs[a]

1. High resistance to going to work every day.
2. A sense of failure.
3. Anger and resentment.
4. Guilt and blame.
5. Discouragement and indifference.
6. Negativism.
7. Isolation and withdrawal.
8. Feeling tired and exhausted all day.
9. Frequent clock-watching.
10. Great fatigue after work.
11. Loss of positive feelings toward clients.
12. Postponing client contacts; resisting client phone calls and office visits.
13. Stereotyping clients.
14. Inability to concentrate on or listen to what client is saying.
15. Feeling immobilized.
16. Cynicism regarding clients; a blaming attitude.
17. Increasingly "going by the book."
18. Sleep disorders.
19. Avoiding discussion of work with colleagues.
20. Self-preoccupation.
21. More approving of behavior-control measures such as tranquilizers.
22. Frequent colds and flus.
23. Frequent headaches and gastrointestinal disturbances.
24. Rigidity in thinking and resistance to change.
25. Suspicion and paranoia.
26. Excessive use of drugs.
27. Marital and family conflict.
28. High absenteeism.

[a]Drawn from Berkeley Planning Associates (1977), Freudenberger (1974), Maslach (1976), and Schwartz and Will (1961).

TABLE 9.1 Strategies for Preventing Burnout

Staff Development

—Reduce demands workers impose on themselves by encouraging them to adopt more realistic goals.

—Encourage workers to adopt new goals that might provide alternative sources of gratification.

—Help workers develop and use monitoring and feedback mechanisms sensitive to short-term gains.

—Provide frequent opportunities for in-service training designed to increase role effectiveness.

—Teach staff coping strategies such as time study and time management techniques.

—Orient new staff by providing them with a booklet that realistically describes typical frustrations and difficulties that occur in the job.

Preventing Burnout

—Provide periodic "burnout checkups" for all staff.

—Provide work-focused counseling or consultation to staff who are experiencing high levels of stress in their jobs.

—Encourage the development of support groups and/or resource exchange networks.

Changing Jobs and Role Structures

—Limit number of clients for whom staff are responsible at any one time.

—Spread the most difficult and unrewarding work among all staff and require staff to work in more than one role and program.

—Arrange each day so that the rewarding and unrewarding activities alternate.

—Structure roles in ways that allow workers to take "time-outs" whenever necessary.

—Use auxiliary personnel (e.g., volunteers) to provide other staff with opportunities for "time-outs."

—Encourage workers to take frequent vacations, on short notice if necessary.

—Limit the number of hours that a staff person works.

—Do not discourage part-time employment.

—Give every staff member the opportunity to create new programs.

—Build in career ladders for all staff.

Management Development

—Create management training and development programs for current and potential supervisory personnel, emphasizing those aspects of the role that administrators have most difficulty with.

—Create monitoring systems for supervisory personnel, such as staff surveys, and give supervisory personnel regular feedback on their performance.

—Monitor role strain in supervisory personnel and intervene when strain becomes excessive.

Organizational Problem-Solving and Decision-Making

—Create formal mechanisms for group and organizational problem-solving and conflict resolution.

—Provide training in conflict resolution and group problem-solving for all staff.

—Maximize staff autonomy and participation in decision-making.

Agency Goals and Guiding Philosophies

—Make goals as clear and consistent as possible.

—Develop a strong, distinctive guiding philosophy.

—Make education and research a major focus of the program.

—Share responsibility for care and treatment with the client, the client's family, and the community.

FROM BURNOUT TO BALANCE

A WORKBOOK FOR PEAK PERFORMANCE AND SELF-RENEWAL

DENNIS T. JAFFE & CYNTHIA D. SCOTT

The Effects of Stress

When people are under too much stress or they do not manage the stress they are under effectively, a wide variety of symptoms are experienced.

Physical effects: Elevated blood and urine catecholamines and corticosteroids; increased blood glucose, heart rate, and blood pressure; shallow, difficult breathing; numbness, tingling, and coldness in the extremities; queasy stomach; tight muscles; back and head pain; dry mouth and sweating. Over time these physical responses cause breakdown of vital organs, and serious and chronic disease.

Emotional effects: Anxiety, anger, boredom, depression, fatigue, frustration, irritability, moodiness, tension, nervousness, self-hate, worry.

Mental effects: Difficulty concentrating, poor task performance, defensiveness, focus on details, sleepiness, mental blocks.

Behavioral effects: Drug use, alcoholism, smoking, overeating, loss of appetite, impulsive or aggressive outbursts, accident proneness, restlessness, blaming others, withdrawal and isolation.

Organizational effects: Job burnout, low morale, absenteeism, poor performance, high turnover, job dissatisfaction, lawsuits, high use of health facilities, accidents, poor working relationships.

Excessive stress has negative effects on all dimensions of our life, creating physical, emotional, interpersonal, and organizational distress and damage.

THE STRESS CYCLE

In popular usage the word "stress" refers to the unpleasant feeling of pressure, excitement, or fatigue caused by demands, as well as to the demands that lead to this response. Thus stress refers to both the cause and the effect, suggesting that the two are so closely linked that it is hard to separate stimulus from response. This is important.

To clarify how the stress process takes place, it is necessary to outline the entire chain of events within us that produces it. Things can be done at each step that can reduce the negative or dysfunctional effects.

Stressors: The Trigger

All the external pressures, demands, threats, changes, conflicts, challenges, and difficulties we face can trigger our body's stress response. Anything that happens in our world that demands some change, adjustment, or response from us is termed a "stressor." In order to protect us, our body responds to almost anything. Indeed it errs on the side of caution, responding with alertness at the slightest hint something is wrong or that our reserves of energy will be needed.

Some of the most familiar stressors include:

- any life change or important life event
- threats to our person or self-esteem

- loss of someone or something we care for or depend on
- conflicting or ambiguous demands or expectations
- pressure of deadlines, too much work, and confused priorities
- conflict or difficulty with other people
- frustration or threats to our personal needs

Each individual finds some stressors more difficult or demanding than others; that has to do with our personal style and background. Everyone can list scores of common stressors in his or her daily life; most of us experience continual pressure in our lives. However, when we experience several pressures at once, or if a pressure is especially severe, our stress level increases and we are at risk of illness or personal crisis.

Evaluating the Threat

To a degree stress is manufactured within our minds. In order for our body to experience stress, our mind must consider a situation threatening or difficult. For example, two people may be given the same task. One person feels his job might be on the line, or has grave doubts about his ability. The other person, of the same ability and standing within the organization, might feel comfortable with herself and her job standing. The task would be perceived as more stressful by the first person.

People manufacture stress for themselves when they worry, anticipate the worst, or create unrealistic demands on themselves. When we imagine a stressful situation, our body acts as if the event is really happening and the stress response is triggered. Thus we can reduce stress simply by reducing the amount of negative thinking.

Several factors are important in determining how much stress we experience. First, our childhood learning creates patterns and expectations that we carry into adult life. Feelings about ourselves, our abilities, our expectations of ourselves and other people can all stem from childhood conditioning. Each person learns a style of responding to challenges and thinking about the world that greatly affects how safe or threatening the world appears to him or her. A person who feels safe and confident will experience less stress than one who is fearful and full of self-doubt.

The Stress Response

Regardless of the stressor and of the nature of our evaluation of it, when we perceive something as even mildly stressful, our entire body swings into immediate action. The muscles tighten, the brain sends signals to release adrenaline into the bloodstream, blood vessels con-

strict, the stomach tightens and secretes acid, breathing becomes quick and shallow, and we experience intense emotions such as rage, fear, anger, or anxiety. This integrated response to threat, which evolved eons ago to allow us to mobilize the tremendous energy needed for survival in a world of change and predators, can now be as much of a problem as a protector.

Many situations trigger unnecessary stress. We do not always need the physical arousal and mobilization of energy of this powerful reaction. Thus, for many situations, we need to learn to train ourselves either to avoid activating the stress response in the first place, or else, once activated, learn to turn it off. Otherwise we will literally burn ourselves out. The feelings of exhaustion, depletion, muscle tension, and depression are often signs that we have repeatedly aroused ourselves via the stress response with no release.

Turning Off

While there are many ways to turn on the stress response, there are relatively few methods to turn it off. Physically, we can turn off the response by taking direct, physical action against the situation or threat. Early in human evolution this meant fighting or fleeing; hence the term "fight/flight reaction" is often used for the first stage of the stress response. In most contemporary situations we can turn off the stress response by actively responding to a situation, or by physically exercising the stress out of our body. A third common method is through quiet forms of relaxation that activate an opposite response in the body, the relaxation response. Techniques such as meditation, progressive relaxation, guided imagery, biofeedback, and self-hypnosis can all activate this opposing psychophysiological state.

Tension: The Pathway to Illness and Distress

What we commonly refer to as stress is more properly labeled "tension." Tension is the buildup of unrelieved stress within our bodies. We experience tension as muscle tightness, aches and pains, upset stomach, anxiety or depression, feelings of depletion or lack of energy, emotional burnout, withdrawal and conflict in relationships. These symptoms crop up when we react repeatedly to stress and when we do not manage it effectively. Tension is the residue that is left when we feel we cannot do something about the stress we are under, when we fail to do something about it, or when we deny its existence and mask the signs of stress. Over time, tension signals that our body has worn down, and illness in the form of physical or emotional breakdown is the final result.

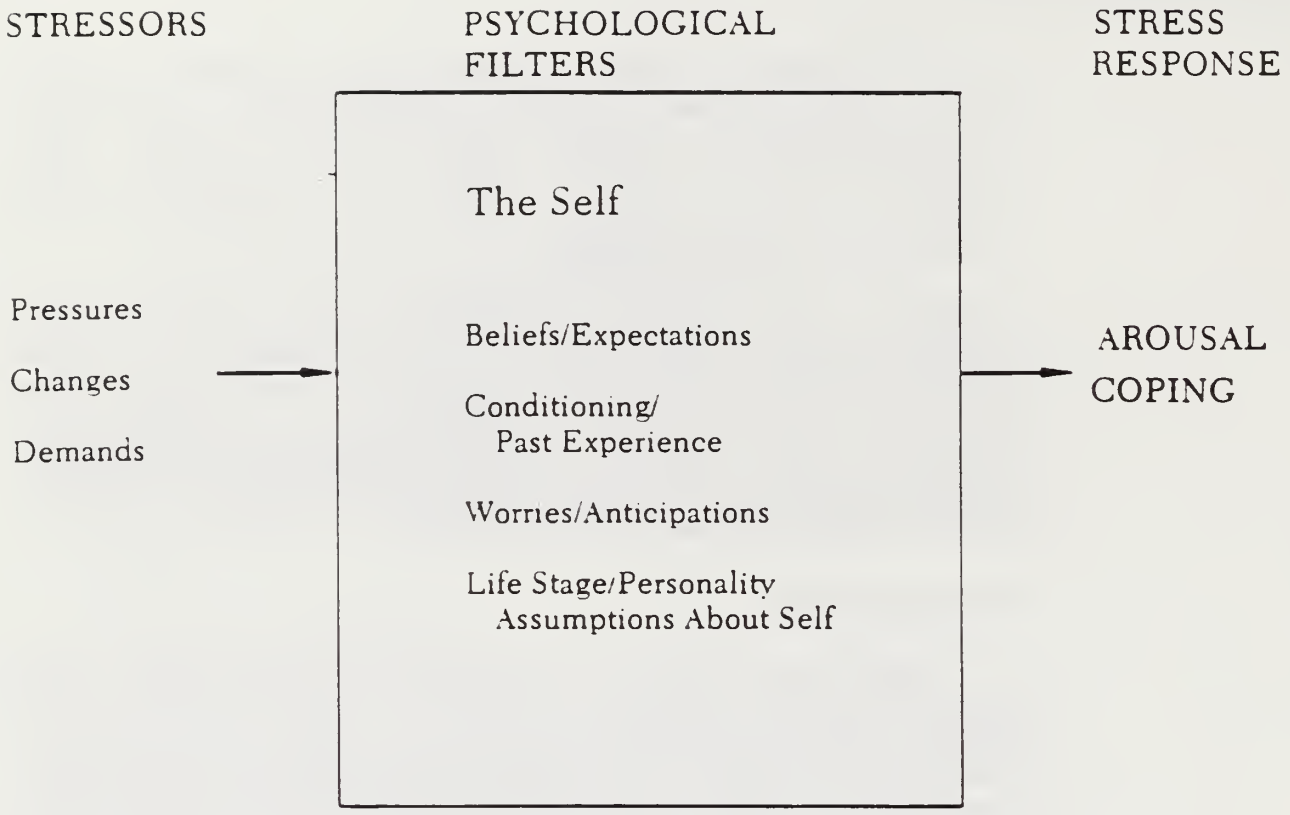


Figure 1-1: TRIGGERING THE STRESS RESPONSE

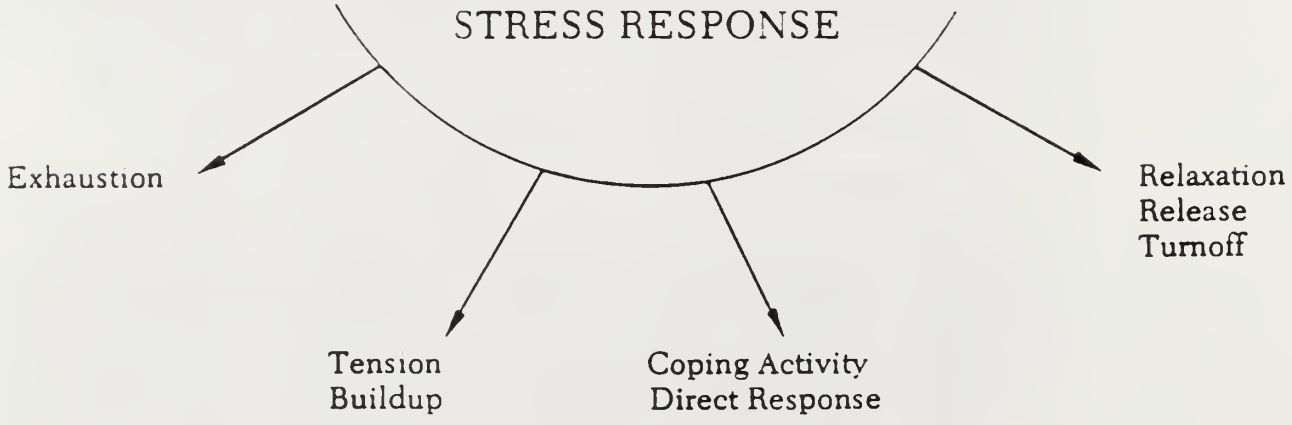


Figure 1-2: OUTCOMES OF THE STRESS RESPONSE

Coping: Self-Management of Stress

Each person has ways of managing tension, some of which are functional and some dysfunctional. The most functional methods of tension management include exercise, relaxation, sharing it with others, and hobbies and diversions. Common dysfunctional methods include denying, eating, drinking, smoking, drug use, and withdrawal.

Each person develops a coping style—some general patterns of reacting to stressful situations. These patterns include thoughts, expectations, emotions, and behavior in response to stressors and to tension. There seem to be some common patterns of coping with stress that lead more frequently to illness and difficulty than others. These are rooted in personality, but it is more useful to see coping style as a set of habits that can be modified and changed. Our stress level is in large part under our control.

In looking at the whole stress cycle, there are several clear avenues by which a person can reduce his or her stress level, or manage the stress more effectively:

- Reduce the pressure or demands from the environment
- Modify negative, self-critical, self-defeating, or other mental patterns that tend to create or amplify threats or dangers
- Cope actively and effectively with demands and situations that trigger the stress response, thereby turning it off and avoiding the buildup of tension
- Create supportive intimate and work relationships
- Practice effective techniques of tension management to avoid the negative effects of buildup of disabling tension

Each chapter of this book explains one of these areas, teaching ways to explore it and make changes.

STRESS AND HEALTH

As our lives change and society evolves, the diseases we succumb to change as well. While disease itself seems to be an unavoidable part of human life, the types of disease we face are a reflection of the problems of our society. In developing cultures the diseases are primarily of birth and early childhood, which are fatal to all but the heartiest infants, and infectious diseases that sweep through towns and cities.

In industrial society the awareness of nutrition and sanitation as health factors and the rise of technological medicine have enabled most children to survive, and have given us tools to control or manage

some of the most severe infections and inherited diseases. More people live longer.

But this has caused a new set of problems. Organs in our body wear down unevenly, and those of us born with inherited weaknesses will begin to feel strain, pain, and breakdown in one or another part of the body as we age. The diseases we face today, known as the diseases of civilization because they are associated with industrialized society, are mainly due to degeneration and wearing down of parts of our body. While these illnesses can be managed by drugs and medical interventions, and to a degree negative effects like pain can be alleviated, these illnesses are not curable or reversible. While we can survive a heart attack, say, or live with diabetes, medical care does not "cure" us.

Everything we do, and everything we feel and experience, influences our health. For example, researchers have found that people are more likely to become ill under any of the following conditions:

- experiencing many changes—good or bad—in your life
- losing a spouse or someone you love
- not feeling connected to other people
- holding in feelings of anger and resentment
- pushing yourself without taking time to rest
- feeling helpless and not in control

These things happen to all of us at one time or another. So what can a person do to remain well?

First, it helps to be aware of the connection. When something happens to you, or you are doing something that you know puts you under stress and may lead to illness, then you need to take better care of yourself then and there. There is some evidence that illness and physical symptoms come about when we do not heed our body's subtle and gentle warnings. Thus if our lives are changing, or we feel that we are under a lot of stress and pressure, or we are experiencing emotional distress, then we need to think about making some changes in our lives.

The key to managing or holding off the breakdown of our bodies is not simply traditional medicine or health insurance; it lies in preventing damage from occurring for as long as possible. Those with a weak heart or stomach or muscle group need to practice preventive health care, because once the weakest link in the body goes, the rest of the body follows. In addition, as we live longer, preventive medicine may make the difference between a disabled and painful life or a vital and productive life. Over time the quality of life becomes an important factor, mere survival is not enough.

The breakdown of our body is the specific outcome of long-term wear and tear, in other words, stress. General stress of whatever type

builds up if not managed effectively, leading to specific illnesses. Our illnesses result from our heredity and also from the way we take care of our body. A major contributor to illness is the presence of too much stress in our lives. Therefore, one of the major reasons for learning effective stress management is long-term preventive health care. In addition to helping our lives work better and feel better, stress management is the best thing we can do to optimize our health.

There is an emerging consensus among health leaders that preventive medicine emphasizing self-care is the major medical resource of the future.

Targets of Hate Crime: Current Trends

Special Populations

Racial Crimes, Hate Groups and Community Action

by Gilbert Hirabayashi, conciliator, Community Relations Service, U.S. Department of Justice

Silver Spring, Maryland: a synagogue is defaced with spray painted anti-semitic slurs and Nazi symbols.

Howard Beach, New York: a black youth, chased by a group of white teenagers after his car broke down in their neighborhood, dies in trying to escape them after being struck by a car.

Forsyth County, Georgia: a civil rights march in the all white county is stopped by county residents, some in klan robes, throwing rocks and bottles and screaming racial epithets.

Racial harassment and violence increasingly concern communities throughout America. Organized and random acts of harassment and violence against ethnic and religious groups have risen recently in most parts of the country. An old problem, but a problem that creates victims with special needs and considerations for the relatively young victims' movement.

The Community Relations Service (CRS) of the U.S. Department of Justice, through its ten regional offices, provides support to victim assistance programs throughout the country. The mandate of the service, which the Civil Rights Act of 1964 established, is "to provide assistance to communities and persons therein in resolving disputes, disagreements, or difficulties relating to discriminatory practice based on race, color, or national origin . . ."

The CRS assists communities in settling racial and ethnic conflict through peaceful means, using conciliation and mediation strategies. The service also provides technical assistance to communities and agencies to prevent racial conflict and address growing concern about racially motivated victimization.

The Problem

CRS defines racially motivated harassment and violence as personal or property victimization; both damage victims psychologically. Organized hate group activities and individually motivated violence both terrify and damage victims. Incidents of harassment may include racist and threatening remarks, signs, posters, graffiti and other communications. Cross burnings, beatings, shootings, stabbings and, finally, murder exemplify violence.

All intervening persons, beginning with law enforcement and ending with the judiciary, should consider these victims as victims of legitimate need. Several states, such as California, Oregon, Idaho, Washington, Maryland and Pennsylvania, consider malicious racial or religious harassment a felony. Some law enforcement agencies in these states issue departmental policies and procedures reiterating the state law. These agencies have had in-service training not only on policy and procedure, but on investigating, reporting, victim/witness referral, cross cultural communications and other related topics. Institutions aware of the severity of such crimes as well as the laws applicable to them respond to community and individual needs more successfully than institutions which ignore the incident's significance.

Emerging Trends

Ethnic violence increasingly surrounds us. We see graffiti on the way to work, cross burnings and bombings on the evening news. Organized hate groups use television as an instrument to convey their philosophies. This began with the advent of cable TV. Cable TV stations in Corvallis, Oregon, Spokane, Washington and San Francisco recently all aired programs espousing white supremacy. The use of cable TV may not, in itself, flood victim/witness programs with hate group victims, but such programming could stimulate increased prejudice and associated behavior as well as intimidation and fear.

In this vein, acts of extreme violence, such as bombings, have increased. For example, the recent bombing of an Idaho human rights leader's home has been tied to a white supremacist organization in the state. Bombings and other violent acts obviously produce victims, both those targeted and innocent bystanders.

Strategies

Most communities have resources to fight this plague. The initial step involves getting organized and looking at existing resources. Communities can utilize federal, state and perhaps municipal statutes to address racial and religious violence. This leads not only to adjudicating such offenses, but also to assisting the victims. Local commissions or boards which serve as watchdogs to protect human or civil rights are also important mechanisms in combatting racial intolerance. Use them. These bodies can pass resolutions or policies to complement state legislation and to provide resources or support to local agencies. Done in a public fashion, this action can

(Continued next page)

serve as a deterrent to potential racial violence.

Communities should vocalize their intolerance of such violence. If a TV show airs in support of racism, pressure the local station into airing a rebuttal from community groups. Let hate groups know that their actions will not be tolerated. When public officials and organizations forcefully decry racist acts, the incidents may decrease or even stop altogether.

Other useful strategies include:

Policy and procedure review. Departmental policies and procedures should reflect statutes which address racial and malicious harassment and violence to ensure that victims of these crimes receive appropriate service. Make this review systemic within criminal justice agencies, including law enforcement, prosecution, judiciary, victim/witness assistance and other associated programs.

Training. Agencies should provide in-service sessions which not only educate staff on policy/procedure revision, but also on specifically attending to minority victims and witnesses. Topics in such training may include cross cultural communications, minority mental health services, identification and utilization of interpreters and use of translated materials. This will help victims who have had little, negative or no experience with the criminal justice system.

Resource identification. Victim and witness professionals should know federal, state and local resources in addressing specific victim needs. Key agency resources help personnel work with minority victims and witnesses, especially if the situation calls for translation or interpretation services. Community resources, such as prominent minority leaders, can also assist. In one case, minority community leaders provided support and reassurance which led to testimony from victims and witnesses and, eventually, to the conviction of the perpetrators. National organizations and conferences can provide agencies with information, trends and victim/witness assistance techniques. Again, the more information and knowledge about the nature of racial violence, the more likely it is that agencies can successfully address the needs of the victims.

Networking. Agencies need to work collectively on many of the issues raised by racial violence and harassment. Utilize police and other law enforcement agencies, human or civil rights groups, community and volunteer organizations, prosecutors, mental health professionals and others to effectively address client needs. In various parts of the country, citizen groups provide counseling or referral services to victims of racial violence. These groups often act as the catalyst which brings about networking and makes individual responsibilities easier to accomplish.

Agencies, including law enforcement and victim/witness assistance programs, aware of the issues involved in racial violence and harassment respond more appropriately to their victims, improving chances for successful prosecution.

Also, people report incidents more often if the general community is cognizant of these problems and issues.

Deterring and resolving racially motivated violence safeguards the constitutional rights of all citizens. Addressing these crimes underlines and reiterates esteemed principles upon which this country exists and, more importantly, upon which ideals of humanity exist. We're all in it together. □

The Community Relations Service has offices in Atlanta, Boston, Chicago, Dallas, Denver, Kansas City, New York, Philadelphia, San Francisco and Seattle. Mr. Hirabayashi works out of the Seattle office.

BOSTON GLOBE 10/22/90

Learning not to hate

The result of a survey on racial attitudes among high school students is not surprising. With racial and anti-Semitic incidents occurring frequently on college campuses and with racial tolerance among adults backsliding, it is little wonder that teen-agers harbor bigoted attitudes.

According to the survey, conducted by Louis Harris and Associates, 57 percent of the youngsters polled have witnessed racist acts. Thirty percent said they would probably engage in a racist attack, and 25 percent have been victims of racial bias. Nearly half of the students surveyed said they had either joined in a racial or religious attack or that they believed that the victims deserved what they got.

"The study makes it clear that our children have learned how to hate," said Richard Lapchick, director of Northeastern University's Center for the Study of Sport in Society, which sponsored the survey with the Reebok Foundation.

In response to these frightening findings, the sponsors have launched Project TEAMWORK, in which celebrity athletes will visit high schools, talk to students about racism and other kinds of discrimination, and form students groups that will work in their schools and communities to foster better racial attitudes.

Such a project may serve to improve teen-age race relations on some level. It may not, however, penetrate the deep-rooted hostilities these students have learned so well.

"Acts of racial animosity and intolerance are commonplace rather than the exception," said Lapchick. "The wounds in our society run deep."

That many students who participated in the survey expressed a desire to improve race relations is a positive sign. But unless the economic and social disparities that fuel these tensions are significantly diminished, even the most optimistic teen-agers are likely to find the task too daunting.

BOSTON GLOBE 1/24/91

Reports of hate crimes in Boston up 20% in '90, police report says

By John Ellement
GLOBE STAFF

Reports of hate crimes rose in 1990 as the city recorded its third consecutive year during which acts of aggressive bigotry increased, according to Boston Police Department statistics.

The department's Community Disorders Unit investigated 273 cases in 1990 and substantiated 243, a 20 percent increase from the number of cases handled in 1989, Detective Sgt. William Johnston, the unit's commander, said yesterday.

The total number was up in Charlestown, South Boston, Dorchester, the South End/Kenmore area and Hyde Park. The number was down in East Boston, Roxbury, Mattapan, Allston/Brighton, West Roxbury, Roslindale and Jamaica Plain.

Johnston traced the increase in hate crimes in some areas, particularly South Boston, to the Boston Housing Authority's integration of housing developments there.

HATE, Page 32

Reports of hate crimes up 20%, report says

■ HATE
Continued from Page 21

In 1989, for example, 11 minority families were living at the West Broadway housing development. Last year, the number of minority families rose to 122. During that same period, the number of incidents investigated by the disorders unit increased from 2 to 11, he said.

"It's poor people fighting with other poor people for a smaller and smaller piece of the pie," he said, adding that few residents in the housing developments are involved in the hate crimes.

"It's individuals beating other individuals; I'd hate to see whole sections of the city being branded" as racist because of the acts of a few, he said.

Johnston added that the number of hate crimes reported represent a "small portion of crime in the city."

The three housing developments in South Boston accounted for 42 of the 67 reported incidents in South Boston, the statistics show. Increases were also recorded in one development in Charlestown.

John Ciccone, communications director for the South Boston Information Center, echoed Johnston's interpretation of the reason for the increase in racial violence. But he also harshly criticized the Community Disorders Unit, saying it aggressively investigates claims by minorities but pays scant attention to white victims.

"They are far more apt to investigate an incident where the minority is perceived to be the victim and it's like pulling teeth to get them to investigate any incident where the white is the victim," he said.

The 273 investigations – which include about 30 that were found not to have any basis in fact, Johnston said – involved arson attempts, verbal assaults, attacks with weapons, property destruction, harassment and verbal, written and telephoned threats.

The number of attacks in which a weapon was used declined slightly, from 84 incidents in 1990 compared with 88 one year earlier. However, the number of assaults and physical attacks more than doubled to 41 incidents from 19 one year earlier.

Johnston said the CDU made arrests in roughly 20 percent of the cases, or sought an injunction that barred an individual from coming near the victim again.

"Maybe we weren't able to find out who did it, but the message going back to the hater is that we're treating this damned seriously," he said.

The reported number of attacks on gays and lesbians nearly tripled, rising to 39 from the 13 recorded one year earlier.

That rise may reflect a greater willingness on the part of gays and lesbians to report the crimes, said Jack McDevitt, assistant director of the Center for Applied Social Research at Northeastern University. The center assists Johnston in training police officers in handling hate crimes.

The report, which was not adjusted to eliminate the unsubstantiated claims, also showed:

- Blacks were most likely to become victims of hate crimes in 1990, as 82 were attacked, cursed at or physically assaulted, up from the 65 who suffered similarly in 1989. The number of blacks identified as perpetrators declined slightly to 67, down from 68 in 1989.
- Whites continue to commit most of the ethnic or hate crimes in the city as 178 whites were held responsible in 1990, 60 more than last year. Meanwhile, the number of whites who were victimized dropped to 65 from 83.
- Hispanics are committing more hate crimes and are also more often becoming the targets. Last year, there were 19 reported hate crimes involving Hispanics as perpetrators, up from 12. Hispanics were victims 38 times, up from 20 in 1989.
- Attacks on Asians have also increased. In 1990, 39 were attacked, up from 21 in 1989. The number of Asians blamed for attacks also rose to 6, up from 4 in 1989.

In a downtown Boston hotel today, McDevitt and Johnston will be teaching police from around the Northeast how to investigate hate crimes, as the federal government gears up to collect national data for the first time.

The data will be sent to the FBI, which will produce annual reports detailing the numbers and the communities in which hate crimes are occurring, McDevitt said.

"Boston won't stand alone any longer, addressing this problem," Johnston said.

BOSTON GLOBE 2/13/91

Hate crimes often result in injuries, report finds

Nearly half of the people who were assaulted during hate crimes in Massachusetts in 1990 suffered personal injuries, a new state report has found.

The Criminal History Systems Board yesterday released data from 26 municipalities and four colleges.

The report found that 43 percent of the hate crimes victims who were subjected to assault and aggravated assault suffered personal injuries ranging from a "cut lip to hospitalization," said Daniel B. Bibel, director of the Uniform Crime Reporting office at the board.

Bibel said the statistics covered 11 months of 1990 and did not include information from all 351 cities and towns in the state because police voluntarily report on hate crime.

The report examined 266 crimes that were motivated by race, religion, ethnicity, sexual preference or because the victim had a handicap. It found that weapons were used in 70 percent of the crimes.

The study found that blacks were the most frequent victims, followed by whites and Jews. Gays, Hispanics and Asians were the next most likely victims. Two attacks on Arab-Americans were recorded.

The average age of the victims was 29, the study found. Seventy-five percent of the victims were male.

The attackers averaged 22 years of age. Fifty-eight percent were white and 89 percent were male.

Bibel also said the study indicated that organized hate groups, such as the Ku Klux Klan, are not the primary cause of the hate crimes. Instead it appeared that individuals acting on their own initiative were responsible.

Following is a list of the communities and colleges reporting and the number of incidents they reported: Andover (4); Bellingham (3); Boston College (1); Brookline (4); Cambridge (5); Concord (1); Dover (1); Fall River (2); Hampden (1); Holliston (1); Hull (4); Ipswich (2); Marblehead (1); Maynard (1); Newton (12) North Adams State College (1) North Andover (1); Northbridge (1 Northeastern University (1); Quinc (18); Randolph (1); Rehoboth (1); S lem (2); Salem State College (. Sharon (1); Sherborn (1); Springfi (9); State Police (1); Sunderland (1

The state report included 181 cidents in Boston for the first e months of 1990.

JOHN ELLEM

Boston Globe, 1/31/91

Increase in bias reported

Arab-Americans see harassment

By David Arnold
GLOBE STAFF

Harassment of Arab-Americans has risen dramatically in Greater Boston since war broke out in the Middle East, according to Majed Tomeh, director of the Boston chapter of the American-Arab Anti-Discrimination Committee.

With about 20 incidents logged and verified by the committee since the war began 15 days ago, Tomeh called the backlash against Arab-Americans "an example of just how small-minded some people can be." He said the committee normally logs about a half-dozen incidents annually.

Tomeh believes the recent reports greatly underestimate actual incidents, which range from a glass of water being splashed in a face to accusations that an Arab-American intended to commit a major act of sabotage in a city north of Boston.

On Monday, a student was suspended from Cambridge Rindge and Latin High School for continuing to verbally abuse senior Hindy Al-Weqayan, whose father is Kuwaiti.

Al-Weqayan's mother, Ellen, said that before the suspension, she had kept Hindy out of school for a week "because it hurts so to see my daughter come home in tears every day."

Two weeks ago, an Arab-American seventh-grader – the son of frightened Palestinian-born parents who requested anonymity – started finding rides to school because of threats made against him when he walked the route.

Alex Rodriguez, director of the Massachusetts Commission Against Discrimination, said his staff has received no complaints of recent harassment to Arab-Americans, but several callers had contacted his office asking about their rights.

"We need the complaint before we can act," said Rodriguez.

DISCRIMINATION, Page 23

Local Arab-Americans report more harassment

■ DISCRIMINATION
Continued from Page 17

Hala Jabbour, staff director of the American-Arab Anti-Discrimination Committee in Washington, said: "Children can be the cruelest as they parrot the words of their elders with only the slightest idea how the words can hurt."

She said her national committee has seen a rate of increase in harassment complaints that equals that of the Boston chapter, and plans to release statistics at a press conference in Washington next Wednesday.

Jabbour is uncertain whether the surge in harassment is because of the war and a non-Arab need to identify Arabs as an ethnic enemy, or fears spawned by the publicity generated when the FBI, concerned about terrorism, started interviewing Arab-Americans on Jan. 7.

In Boston, Tomeh said he was unware of any physical assaults, "but that doesn't mean it hasn't happened. It just means the report hasn't made it to us."

Tomeh said reports come to him via the committee's national headquaters. The Boston chapter has been without an office since 1985, when Boston police removed a bomb from what was then its West Roxbury headquarters. About 2,000 of the 70,000 Arab-Americans in Greater Boston are committee members.

One of its newest members is Ellen Al-Weqayan, who was born Irish-Catholic and lives by her father's credo "that you accept people as you find them because you're not going to change them."

She said she recently joined the American-Arab committee because she had never before encountered ethnic descrimination.

"But the past two weeks," said Al-Weqayan, "they've been hell."

BOSTON GLOBE, 2/7/91

Study of anti-Semitic acts finds US rise, state drop

By David Arnold
GLOBE STAFF

The number of anti-Semitic episodes in the United States climbed 18 percent from 1989 to 1990, while the number in Massachusetts dropped 4 percent, according to a nationwide audit released last night.

The audit, compiled by the Anti-Defamation League of B'nai B'rith, logged 1,685 episodes nationwide of vandalism and harassment directed against Jews, a record annual number in the 11 years it has verified such episodes.

"We don't pretend for one moment that this represents the total picture," said Alan Schwartz, research director for the group's national office in New York.

"There's clearly a big problem out there," he said.

Schwartz attributed the increase to several factors, including the Persian Gulf war and "a general decline of civility in some aspects of the American popular culture." He also attributed some of the increase to an increased likelihood that people will report incidents.

The audit distinguishes between acts of vandalism, ranging from arson and bombing to property desecration, and acts of harassment: mail and telephone threats, verbal abuse, and assaults.

The number of episodes reported in Massachusetts declined from 140 to 134 from 1989 to 1990. Episodes of harassment increased 21 percent, from 54 to 66; but vandalism decreased 27 percent, from 95 to 68 episodes.

"Make no mistake about it, this tireless hatred is far from being conquered by reason or laws," said Leonard Zakim, executive director of group's New England Regional Office.

Referring to the fact that nationwide arson, bombings and cemetery decrecations tied last year's record of 38, he said the instances in Massachusetts were "not the spectacular stuff we find elsewhere but more your average type of bigotry."

Representatives of the New England chapter said the slight drop in local episodes may be attributable partly to increasing vigilance among district attorneys and police departments and passage of the state Hate Crimes Reporting Act.

They said they were encouraged by a collaborative effort between church groups and the Anti-Defamation League to prepare a manual on how the Christian community can respond to anti-Semitism.

War in the Middle East

HATE CRIMES

War joins US Arabs and Jews in a common cause

By Adam Pertman
GLOBE STAFF

Even as the gulf war has generated an increase in the number of anti-Arab and anti-Jewish acts in this country, it has also produced a heightened, albeit tentative, level of cooperation between Jewish and Arab groups trying to combat discrimination.

Leaders of the two communities said in interviews that they could recall few previous instances when their contacts had been so frequent or close. And most, while cautioning strongly against undue optimism, agreed that their current efforts are less narrowly focused, and therefore hold more promise for improved long-term relations, than past collaborations.

"I would go so far as to call it a coalition, though I don't know if the Jewish groups would call it that yet," said Albert Mokhiber, president of the American-Arab Anti Discrimination Committee. "I think it is a civil rights coalition with limited objectives for now, but I think it's a good start."

"This war hasn't brought people together in a positive way, but it has pushed together this coalition because of something negative: hate crimes," Mokhiber added in a telephone interview from his Washington office.

Leaders of major American Jewish organizations, as well as some of Mokhiber's fellow Arab representatives, offered more cautious or skeptical assessments, but most agreed that common concerns have steered them onto the same path, and all said they would strive to stay on it.

A mutual threat

"We have come together more, we have reached out to each other more, because whatever the cause, there is a threat to our security as Americans," said Leonard Zakim, executive director of the New England chapter of the Anti-Defamation League of B'nai B'rith.

"Sometimes it has been by phone, sometimes by joint appearances on television, sometimes by news conference, but it has all served to build some bridges between Arabs and Jews," he added. "It could be a solid foundation for a new relationship if we don't have the illusion that we can somehow make peace occur in the Middle East."

Indeed, it is the politics of Israel and the Palestinians much more than domestic questions in this country that has intervened between mainstream Arab-American and Jewish-American groups when they tried to work together in the past.

If a distinction exists now, and officials on both sides emphasized it is too early to make conclusive judgments, it is because of a combination of factors. Among the major factors are broader US sentiment – including among American Jews – for a resolution to the Palestinian question; firmer public support for Israel because it has refrained from entering the war, and heightened trust on a personal level – resulting from the increased contact between representatives of Jewish and Arab groups combatting bias against their constituencies.

> **'Frankly, we're working together more now than in the past because in the past we hardly worked together at all.'**
>
> MARK PELAVIN
> *American Jewish Congress*

"Frankly, we're working together more now than in the past because in the past we hardly worked together at all," said Mark Pelavin, the Washington representative of the American Jewish Congress. "But some things are changing, and we have some common concerns . . . so I think and hope there will be increased cooperation across the board and not the same kind of unwillingness to sit at the same table as there has been."

Past cooperation

The Arab and Jewish leaders pointed to two major instances of cooperation in the past, both of which were efforts aimed at achieving specific objectives. One took place in 1987, when the two groups urged the Supreme Court to rule that Arabs and Jews were minorities covered by the Civil Rights Act, which it did. The other came on a tandem effort, also successful, for enactment of a so-called "hate crime" law last year.

The clearest example of the new cooperation took place late last month when major Arab and Jewish organizations coordinated with six House Democrats, civil-liberties groups and others to hold a news conference on Capitol Hill denouncing an FBI investigation of prominent Arab-Americans. The FBI had questioned them about their knowledge of plans for terrorism in the United States by Iraqi sympathizers.

Practice halted, FBI says

Joseph J. Jackson, chief of the FBI's civil rights and special inquiries section, said in a telephone interview from Washington yesterday that the questioning has all but ceased. Jackson insisted that the program's intent was misunderstood by those who complained about it and that a major reason for it was to probe the growing number of hate-crime complaints. That varied from original FBI explanations, which centered on the need to prevent terrorism.

While the war has also prompted anti-Jewish acts, Jackson said anti-Arab acts have increased markedly, ranging from major attacks such as the firebombing of a restaurant in Michigan owned by an Arab-American to threats made by telephone and mail. "Before the outbreak of hostilities in the Middle East, that was a rare type of thing," Jackson said.

He said the FBI looked into 13 episodes involving Arab-Americans or their businesses between August and Jan. 17, when war began. From that date until this week, he said, 31 more cases have been added.

Both antidiscrimination groups released separate reports last week indicating that discriminatory actions against Jews and Arabs reached record levels in 1990. And leaders of both communities said the instances have grown in frequency since the Middle East crisis began, coming in two distinct spurts: one after Saddam Hussein sent his troops into Kuwait and the second when US military activity began.

Both communities, but particularly the Arab-Americans, are concerned that a third, more sustained period of bigotry will ensue once a ground war begins and "we have the spectacle of Iraqi Arabs killing Americans," said Khalil Jahshan, executive director of the National Association of Arab Americans.

Jahshan was among the most pessimistic of those interviewed about the prospects for long-term cooperation between Arab and Jewish organizations.

"It might be a beginning. . . . I wish it was the case and it's something I will welcome and encourage," Jahshan said. "But I would say it's too soon to say there's a trend here. We have had instances like this before, and they have evaporated."

86% of gay men, lesbians polled report bias

By Renee Graham
GLOBE STAFF

Eighty-six percent of 1,300 Massachusetts lesbians and gay men polled have been victimized by antigay violence, discrimination or harassment at some point in their lives, according to a report released yesterday by the Fenway Community Health Center's victim recovery program.

The 18-month survey of lesbians, gay men and bisexuals was the first of its kind conducted in Massachusetts. Its release coincided with that of the sixth annual Anti-Gay/Lesbian Violence, Victimization & Defamation report from the National Gay and Lesbian Task Force in Washington.

The task force report lists 1,588 incidents reported in six major metropolitan areas, including Greater Boston, where antigay incidents showed an increase of 75 percent last year.

"Over the last four years, we have been overwhelmed and amazed by the depth of the problem," said Michael Savage, executive director of the Fenway health center. The center's victim recovery program was created in 1987.

During a press conference to discuss the report, state Attorney General Scott Harshbarger called the survey's findings "tragic" and emphasized his office's commitment to pursuing those guilty of civil rights violations.

"The problem of victimization simply because of someone's race, religion or sexual orientation is common, too common," he said. "It's underreported and there's a total lack of confidence in the ability of the system to respond effectively in this area. Our hope is we can work and support the efforts of the district attorney, police and the victim community."

These findings come at a time when activists are predicting a major increase in antigay violence this summer. Feelings of disfranchisement because of the economic recession, coupled with violence "justified and somewhat glorified" during the Persian Gulf War, will probably cause a rise in "gay bashing," they said.

"The fact is, because there" was "a war, and violence" has been "justified and somewhat glorified, many people think that will contribute to an overall increase in the level of violence in society," said Michael Cronin, director of the antiviolence project for the Greater Boston Lesbian and Gay Political Alliance.

"Secondly," he said, "the economy is in very bad shape and we know from history when the economy is in very poor shape, hate crimes against all people increase."

Cronin, who is also a member of ACT-UP and a founder of the local chapter of

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Boston Globe 3/7/91

Report details bias against gays

■ VIOLENCE
Continued from Page 27

the radical lesbian and gay organization Queer Nation, was himself a victim of antigay violence in August. Last summer was marked by several violent incidents against gays and lesbians in Boston, including a knife attack against two men on Dartmouth Street.

In 1990, 147 acts of antigay and antilesbian violence involving 252 people were reported to the Fenway center's victim recovery program. Reports of antigay violence have increased in three consecutive years, said Robert Weinerman, a health center victim advocate.

Already this year, 25 to 30 reports of antigay activity have been reported to the center, a sharp increase over the same period last year, he said.

Kevin Cathcart, executive director of Gay and Lesbian Advocates and Defenders, noted a positive side to the increase, saying it reflects the new willingness of lesbians and gay men to report attacks.

"There is an increased amount of violence, but people are more likely to report incidents than they were in the past," he said. "It's important for people to be more diligent about reporting attacks especially when the incidents are on the rise."

The cases include an assault by two men against a woman as she was leaving a lesbian nightclub and threats by cemetery workers against a gay man tending a tree planted in his father's memory. When the man returned to the gravesite the following week, the tree had been destroyed.

"Usually in winter there's a drop-off in the violence," Weinerman said. "But this winter that didn't really happen.

"We're all concerned that if the increase happens from where the violence is now, we'll be dealing with a catastrophe in the community this summer. We'll likely be three times beyond where we were last summer."

Increased visibility of and activism among lesbians and gay men have also contributed to the increases, said Kevin Berrill, director of the antiviolence project for the National Gay and Lesbian Task Force Policy Institute.

"There's an explosion of lesbian and gay activism, which has allowed us to organize, educate and challenge bigotry," said Berrill. "But increased visibility cuts both ways.

"Any time a marginalized or oppressed group seeks to organize for equality," he said, "there's a backlash.

"It's a guerrilla war being waged against lesbian and gay people and others to 'keep them in their place.'"

Appendix A

Organizations Offering Information Concerning Anti-Bias Education

Anti-Defamation League of B'nai B'rith
823 United Nations Plaza
New York, NY 10017
(212)490-2525

The Asian Society
725 Park Avenue
New York, NY 10021
(212)288-6400

Chinese American Planning Council
480 Broadway
New York, NY 10013

Coalition Against Anti-Asian Violence
c/o Asian American Legal Defense and Education Fund
99 Hudson Street
New York, NY 10013
(212)966-5932

Council on Interracial Books for Children, Inc.
1841 Broadway
New York, NY 10023
(212)757-5339

Equity Institute
Tucker-Taft Building
48 North Pleasant Street
Amherst, MA 01002
(413)256-0271

Institute for American Pluralism
of the American Jewish Committee
165 East 56th Street
New York, NY 10022
(212)751-4000

Hetrick-Martin Institute
(Lesbian and Gay Youth Social
Services Organization)
401 West Street
New York, NY 10014
(212)633-8920

Japanese American Citizens League
7 West 44th Street
New York, NY 10036
(212)921-5168

Japanese American Citizens League
Suite 204
1730 Rhode Island Avenue, N.W.
Washington, D.C. 20036
(202)223-1240

National Association for the Advancement of Colored People
Washington Bureau
1025 Vermont Avenue, N.W.
Washington, D.C. 20035
(202)638-2269

National Gay and Lesbian Task Force
1734 14th Street, N.W.
Washington, D.C. 20009
(202)332-6483

National Institute Against Prejudice & Violence
31 South Greene Street
Baltimore, MD 21201
(301)328-5170

National Organization of Black Law Enforcement Executives
908 Pennsylvania Avenue, S.E.
Washington, D.C. 20003
(202)546-8811

Native American Education Program
Room 507
234 West 109th Street
New York, NY 10025
(212)663-4040

Boston

January 1991

To: Superintendent Joseph C. Carter
Chief, Bureau of Special Operations

From: Sergeant-Detective William Johnston
Commanding, Community Disorders Unit

Subject: 1990 Yearly Report

Sir:

The following is a summary of the performance of the Community Disorders Unit for the year 1990. This summary will provide information and statistics regarding the various roles performed by officers and civilian personnel of the C.D.U.

Investigation or Monitoring of Cases

Members of the Community Disorders Unit investigated or monitored two hundred seventy three (273) cases, during the calendar year 1990. This represents an increase of seventy one (71) cases or thirty five percent (35%). This increase is directly attributable to three different situations. The first is the increase in crimes against gays and lesbians. The second is the reemergence of racially motivated incidents on Area C-11, and third, an increase in incidents within the three South Boston and one Charlestown Housing Developments. These three situations account for sixty nine (69) of the seventy one additional cases. The probable cause of the increases in these categories are as follows:

The increase in crimes against gays and lesbians could be due to two factors; one being a nationwide increase in crimes involving gay and lesbian victims, and the second being the improved outreach by the C.D.U. to the Gay and Lesbian community, has given more victims the confidence to report incidents. This officer believes the increase of some twenty six (26) cases is a mixture of both.

The second situation, that of a reemergence of racially motivated incidents on Area C-11 seems to be caused by a number of factors. The first is an increase in cases involving white victims and black perpetrators, that quite possibly is gang related. The second is the occurrence of incidents in areas of Dorchester that have rarely been a problem in the past. The third is the reoccurrence of problems in the Savin Hill area. However, even this increase was of a different nature than the problems of three and four years ago. The victims, during calendar year 1990, are residents of the area who have either rented or bought homes, whereas in the past the victims were predominantly Asian people passing through the neighborhood on either Dorchester or Savin Hill Avenues. Police personnel from Area C-11 have continued to do a very thorough job of patrolling the hot spots of the past, and had reduced the number of incidents significantly during the last two years.

The third ingredient causing the overall increase is the rise in incidents within the Old Colony, Mary Ellen McCormack, and West Broadway Developments in South Boston, and the Bunker Hill Development in Charlestown, while no increase should be considered positively, when one considers the increase in the minority populations within these developments, the increase in racial incidents is relatively small.

On December 31, 1988, the minority population of the Old Colony, Mary Ellen McCormack, West Broadway and Bunker Hill Developments was 172 families with 12 cases investigated or monitored. On December 31, 1989, the minority families in the same developments numbered 272, with 39 cases. The number of minority families in these developments on December 31, 1990, was 532 families with the number of C.D.U. cases being 67. A review of the statistics of the West Broadway Development for 1989 and 1990 show an increase of 115 minority families with an increase of 9 cases investigated. It should also be pointed out that in 1989 none of the minority families in this development were either black or Hispanic, but in 1990 37 black and 44 Hispanic families moved into the development.

Again, while no increase in the number of cases should be viewed positively, a review of three year comparison of cases investigated within nine (9) B.H.A. Developments will illustrate the tremendous increase in minority population, as compared to the relatively low increase in cases investigated.

Four statistical charts are included in this review. The first is a three-year comparison of the types of incidents investigated or monitored by C.D.U. personnel. The most significant item listed is the increase in the number of crimes directed against gays and lesbians. As stated previously, this situation is probably due to both an increase nationally in crimes against gays, and better success in the area of outreach by the Boston Police Department in general, and the C.D.U. in particular. One significant occurrence relating to this issue was the appointment of the Commander of the C.D.U., Sergeant-Detective William Johnston, to the position of liaison to the Gay and Lesbian Community.

The second chart presented is a victim and perpetrator comparison. The only significant change in these statistics is the inclusion this year of a category of, other, Native American, and Arabic and Jewish victims and perpetrators. Since 1978, victims or perpetrators included in this category were rare. However, with recent tensions in the Middle East and Persian Gulf, this category was sadly required.

The third set of statistics is a breakdown of cases investigated or monitored by Police Division. The significant items on this chart are the increases in Area A-15, Area C-6, Area C-11, and Area D-4. The Area A-15 and C-6 increases are directly attributable to the increase in the incidents within the B.H.A. Developments or the crimes against minority residents of those developments occurring in a close proximity to the developments. The increase in Area D-14 is due to the increase in reported crimes against Gays and Lesbians. The increase on Area C-11, is most probably due to incidents occurring in areas of Dorchester not previously susceptible to such incidents, and an increase of incidents directed at white victims. These may be related to gang problems.

The fourth statistical chart is a three year comparison of cases investigated or monitored in nine (9) B.H.A. Housing Developments. While there are some twenty two (22) large housing developments included in the agreement between the U.S. Department of Housing and Urban Development and the City of Boston, with regard racially balancing the cities Housing Developments. The nine developments, depicted in this chart; however, seem to require the services of the C.D.U., most frequently.

Video Project:

Testing and curriculum for the presentation of two anti-prejudice videos, in the Boston Public and Parochial schools was completed during 1990. C.D.U. Officers Carmel Precia, Nadine Taylor-Miller, James Neal, and Marta Rodriguez have made presentations to more than fourteen hundred students during the calendar year 1990. The director of this project, Blake Norton, has worked tirelessly, in this effort to make racial tolerance the rule, rather than the exception among students in the City of Boston.

C.D.U. Training:

The C.D.U. has continued to expand on its training program during the year 1990. Every area of training was expanded, including the following:

- Boston Police Department Inservice
- Boston Police Recruit
- Boston Police Superior Officers
- College and University Campus Police
- Joint Northeastern University/Boston Police Three Day Seminars
- Massachusetts Criminal Justice Training Council Regional Academies
- Out of State Police Departments and Prosecuting Attorneys

Surveillance/Prevention:

During 1990, the C.D.U. has utilized its preventive tactics to a much higher degree than in past years. Minority move-ins have been provided with detailed instructions in reporting of incidents and how to participate in C.D.U. anti-crime operations. White residents of predominantly black or Hispanic developments as well as people of color in predominantly white developments were included in this program. The use of "Hot Line" reporting direct to C.D.U. personnel was also utilized to a greater degree as part of our anti-crime strategy.

Outlook for 1991:

Again, the C.D.U. will expand in all areas of our normal duties, or in those specific areas required due to increases in incidents during the past year. The outreach to the gay community will likely increase even further the number of gay and lesbian related cases. The situation in the Persian Gulf will likewise probably increase the incidents related to both Arabic and Jewish victims. Diligent efforts will be made in these areas to prevent any increases.

Other problem areas of the past year will be evaluated and strategies will be designed to combat the cause of those problems. A closer working relationship with Division Community Service Officers will be achieved to coordinate joint efforts between C.D.U and local division personnel. The video program utilized in the Boston Schools will probably double or triple during 1991, which will, in the long run, be the C.D.U.'s most useful weapon against Civil Rights Violations.

The preceding is a synopsis of the Community Disorders Unit activities for the year 1990. Should you require more detailed information concerning the statistics or information contained herein, please feel free to contact me.

Respectfully submitted,

William Johnston
Sergeant-Detective, Commanding
Community Disorders Unit

CONTENTS NOTED AND APPROVED AND
RESPECTFULLY FORWARDED TO THE
POLICE COMMISSIONER FOR HIS REVIEW:

JOSEPH C. CARTER,
SUPERINTENDENT, CHIEF
BUREAU OF SPECIAL OPERATIONS

COMMUNITY DISORDER UNIT INCIDENT BREAKDOWN BY POLICE AREA

	1988	1989	1990
AREA A-1 BOSTON PROPER	4	16	17
AREA A-7 EAST BOSTON	14	19	14
AREA A-15 CHARLESTOWN	10	16	31
AREA B-2 ROXBURY	9	13	8
AREA B-3 MATTAPAN/DORCHESTER	7	7	5
AREA C-6 SOUTH BOSTON	15	37	67
AREA C-11 DORCHESTER	45	36	51
AREA D-4 SOUTH END/KENMORE	16	21	41
AREA D-14 ALLSTON/BRIGHTON	12	13	11
AREA E-5 WEST ROXBURY/ROSLINDALE	15	18	9
AREA E-13 JAMAICA PLAIN	5	6	4
AREA E-18 HYDE PARK			15

COMMUNITY DISORDER UNIT CASES INVESTIGATED OR MONITORED WITHIN B.H.A. DEVELOPMENTS

	1988	1989	1990
SOUTH BOSTON			
OLD COLONY	3	12	15
MARY ELLEN McCORMACK	1	8	16
WEST BROADWAY	0	2	11
CHARLESTOWN			
BUNKER HILL	8	17	25
EAST BOSTON			
MAVERICK	1	4	2
ORIENT HEIGHTS	1	1	1
HYDE PARK			
FAIRMOUNT	2	2	3
ROSLINDALE			
ARCHDALE	0	3	2
BEECH STREET	0	0	1
ROXBURY			
ORCHARD PARK	2	2	0
MISSION HILL (and EXTENSION)	0	0	2
DORCHESTER/MATTAPAN			
FRANKLIN FIELD	1	2	1
FRANKLIN HILL	0	2	0
MORTON - GALLIVAN	1	3	0
ALLSTON/BRIGHTON			
FANUEL	1	0	0
COMMONWEALTH	0	0	0
TOTAL PER YEAR:	21	58	79
INCREASE OVER PREVIOUS YEAR :		37	21

VICTIM COMPARISON

	1988	1989	1990
BLACK	47	65	82
WHITE	56	83	65
HISPANIC	15	20	38
ASIAN	23	21	39
GAY & LESBIAN	11	13	39
OTHER NATIVE AMERICAN ARABIC-JEWISH OTHER ETHNIC			10

PERPETRATOR COMPARISON

	1988	1989	1990
BLACK	49	68	67
WHITE	95	118	178
HISPANIC	5	12	19
ASIAN	3	4	6
OTHER NATIVE AMERICAN ARABIC-JEWISH OTHER ETHNIC			3

A helping hand after violence rears its ugly head

BAY WINDOWS 1/17/91

by Jeff Wutzke

Being the victim of an anti-gay attack or harassment incident has, unfortunately, become an experience that far too many men and women in the U.S. have in common. And if being attacked in the first place isn't bad enough, there are few places that victims of such attacks can feel comfortable turning to for emotional support and counseling. In the Boston area, however, there has been – since 1986 – a place where victims of such violence could turn.

And the Fenway Community Health Center's Victim Recovery Program [VRP] has filled a crying need: it has seen an increasing number of clients in every year since it began, notes program coordinator Joyce Collier.

"The stories that we see in the papers represent a very small percentage of the people we serve," said Collier. While victims of gay bashings and discrimination make up a substantial portion of the VRP's clients, other people who turn to the program include male and female victims of rape, people who experience abuse from a partner or family members, and people who are harassed or intimidated by their neighbors and therefore feel unsafe in their homes.

"For many people we are the first contact. They've thought about contacting the police, but for various reasons haven't done so," commented Robert Weinerman, a victim advocate for the VRP. For those who call the program, Weinerman is usually their first contact.

"We discuss what happened, and what will happen in the future," Weinerman said. "One thing we try to do is support the victim in their decisions," he added, noting how this can differ from the well-intentioned but often ill-conceived advice from friends or family.

PHOTO: ROSE MARSTON

*Victim advocate **Robert Weinerman** speaks to volunteers while program coordinator **Joyce Collier** and fellow advocate **Steve LeBlanc**, look on.*

"The focus of our work is very much on the individual needs of the client," Collier said. When any attack or harassment occurs, the victim performs "mental leapfrogs" in an attempt to control what is, in reality, an uncontrollable situation. Victim responses can include blaming oneself for an attack, fearing the racial or ethnic group from which your attackers came, retreating into the closet or, conversely, becoming more active and visible in the community.

"There's no standard case," cautioned VRP victim advocate Steve LeBlanc. "Our job is to have the person come to some real understanding on what happened... Explaining to people helps them to anticipate what they will be experiencing."

This variety of experiences extends to the way that victims interact with, and are treated by, law enforcement officials. "We don't force anybody to go to the police," he said, although they will encourage them to go and will assist them with this process if the victim so

continued on next page

Victim recovery: a helping hand in violence's aftermath

(continued from previous page)

desires.

Collier noted that some VRP clients she sees may have already been to the police, but may not have told the police that there was an anti-gay element to a crime. Many others have an incorrect idea of what the police response will be.

"One thing necessary is a discussion on the role of the police and the courts," noted Weinerman. "On Perry Mason, you call the police, they arrest the [assailant], [who] goes to court and is convicted." The real life process, on the other hand, can last months and years.

PHOTO ROSE MARSTON

*VRP Coordinator **Joyce Collier** speaks to assembled staff and volunteer victim advocates.*

One point of pride for the VRP is the close working relationship that the program has established with the Boston Police Department, specifically with the police's Community Disorders Unit [CDU]. The CDU investigates crimes that are bias-motivated, and has received praise from area activists for its work in investigating a rash of such crimes during the summer of 1990.

The VRP has even been successful in convincing the police department to allow victims of gay bashings to make their reports directly to the CDU, rather than going to their local area headquarters. While the CDU has earned good marks from gay activists, many people still feel that patrol officers can be discriminatory, LeBlanc explained.

Another important role for the VRP is keeping track of gay bashings and bias-related crimes. While the CDU also does this, the figures that the VRP has collected in previous years have been several times higher than those the police collected. With the recent passage of the Hate Crimes Reporting Act, which will keep track of such crimes in the state, the role of the VRP becomes even more important.

"I think that gay and lesbian people don't feel comfortable going to traditional service providers," Collier said.

LeBlanc and others noted that this reluctance extends to health care providers, as well. Those who work with victims need to ensure that the victims are seeking medical attention, if necessary, and eating and sleeping properly. "In their mind they are afraid the [health care provider] would find out they were gay because they were going to be treated for being attacked."

The Fenway Community Health Center plays an important role here, because of its tie to the Victim Recovery Program, the large percentage of patients who are gay, and experience of the health center in handling such cases.

Assisting Collier, Weinerman and LeBlanc are volunteer victim advocates, who are assigned cases, based on the needs of the victims. After Weinerman has had a preliminary discussion with each victim, these volunteers continue to meet with victims as long as the case is in the courts, or the victim is feeling the effects of the violence.

(Anyone interested in contacting the Fenway's Victim Recovery Program can call 267-0900.)

HIV Related Violence

A Resource Manual for HIV Service Providers in New York City

Written and Developed by
Bea Hanson, M.S.W.

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Dear Service Provider,

This is the first resource manual to specifically address HIV/AIDS status and victimization. The need for this manual was identified in 1984 when the New York City Gay and Lesbian Anti-Violence Project (AVP) started to receive calls from survivors of HIV-related violence. Callers complained about victimization that ranged from verbal harassment to discrimination to outright physical assault by both strangers on the street and loved ones at home.

In 1990, the Anti-Violence Project received funding from the New York State Department of Health, AIDS Institute to develop a program to address the problem of HIV-related violence. This resource manual represents the completion of the first phase of the HIV-Related Violence Project. The continued work of the Project includes training professional and volunteer service providers about HIV-related violence, and providing counseling and advocacy services for survivors of HIV-related violence.

Currently, the Anti-Violence Project is the only organization in New York City maintaining statistics on HIV-related violence. At least once a week we receive a new case of a person with HIV or AIDS who was victimized on the streets, at home by a lover, caretaker, or family member, or by a police officer, health care worker, security guard, or other service provider.

HIV-related victimization demands that a service provider identify and solve new problems, and understand and negotiate a whole array of new service organizations - from the New York Commission on Human Rights for cases of discrimination, to the Civilian Complaint Review Board for cases of police abuse, to the New York State Crime Victims Board for financial reimbursement of crime-related costs, to the police department and criminal justice system for Orders of Protection and prosecution in cases of assault and domestic violence.

The primary purpose of this manual is to make the process of assisting clients easier. The Introduction and Chapter 2, "How to Use this Manual" should answer any questions you might have about defining HIV-related violence and locating information in the manual.

I hope that you find this manual helpful in your capacity working with people with HIV infection. If your agency would like training on HIV-related violence, or if you have any questions about finding resources, please call me at the number listed above.

Sincerely,

Bea Hanson, M.S.W.
HIV-Related Violence Project Coordinator
March 1, 1991

Hotline: (212) 807-0197

HIV-Related Violence: An Overview

The AIDS crisis has added a new and volatile component to the alarming pervasiveness of hate crimes, especially anti-gay and anti-lesbian violence and discrimination. Ignorance and misinformation about how HIV is transmitted has contributed to increased attacks against gay men and lesbians, who assailants perceive to be infected with the virus. People with HIV/AIDS who are assaulted may suffer additional physical and mental health problems that compound an already compromised immune system.

The New York City Gay and Lesbian Anti-Violence Project (AVP), as well as other crime victim assistance and gay and lesbian organizations, have seen a dramatic increase in bias-related crimes against gay men and lesbians, including HIV-related violence. These crimes range from verbal harassment to physical assault to homicide.

Anti-gay and anti-lesbian violence is one of the most significant forms of bias-related violence in New York State.[1] The numbers speak for themselves: the New York City Police Department Bias Incident Investigating Unit documented 102 anti-gay and anti-lesbian incidents in 1990, far exceeding the 47 cases reported for 1989; 890 incidents of violence against gay men and lesbians were reported to AVP in 1990, nearly a 30% increase over the 688 reported incidents in 1989, and more than a 46% increase over the total of 609 cases in 1988. According to a national survey conducted by the National Gay and Lesbian Task Force, over 90% of the respondents indicated "that they experienced some type of victimization because of their sexual orientation."[2]

As the primary care agency in New York City for gay and lesbian crime survivors, AVP is often also the only contact for people with HIV who have been victimized. While this resource manual attempts to equip service providers with the information necessary to address much of the victimization their clients with HIV/AIDS may face, it is limited by the identified needs of AVP clients. Service providers working with other populations may encounter additional forms of victimization and different resource needs than are described in this manual. If a service provider encounters a situation that this manual does not address, the experience and services of AVP staff are always available to assist both service providers and crime survivors to address any form of victimization or service need.

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[1] According to a survey conducted by the Governor's Task Force on Bias-Related Violence, State of New York, "young people are aware that bias based on race and ethnicity can no longer be overtly condoned. There is no such awareness concerning the rights of gays and lesbians and the students were quite emphatic about their dislike for these groups and frequently made violent, threatening statements. Gays and lesbians...are perceived as legitimate targets which can be openly attacked. This is an attitude which draws strength from the example set by all the major social institutions which continue to deny homosexuals the status of equals". p. 97.

[2] National Gay Task Force, Anti-Gay/Lesbian Victimization: A Study by the National Gay Task Force in Cooperation with Gay and Lesbian Organizations in Eight U.S. Cities, p. 6 (1984).

WHAT IS HIV-RELATED VIOLENCE?

The AIDS crisis is really two crises. The first is a medical crisis, and the second, equally devastating, is one of stigma and the resulting prejudice, discrimination and violence. We cannot eradicate the medical crisis without eliminating the crisis of discrimination.

HIV-related violence is the extreme and brutal end of discrimination, the victimization of a person based on his or her actual or perceived positive HIV status. This victimization ranges from verbal harassment to physical assault to homicide. Anyone can be a target for HIV-related violence: gay men, lesbians, straight men and women, people who are HIV-positive, people who are HIV-negative, people with HIV who are asymptomatic, People with AIDS. HIV-related violence includes assault by criminals preying on persons perceived to be weak or disabled; domestic violence by lovers, family members and friends; physical, emotional or mental abuse or neglect by service workers such as the police, EMS workers, hospital and home health care workers, and employees in public accommodations; harassment by landlords and neighborhoods; and revictimization by service workers including the police, hospital workers, and counselors.

In addition, HIV-related violence includes the added impact that experiencing any crime may have on a person with a compromised immune system. Persons who are immune-compromised may undergo a further deterioration of physical and/or mental health after surviving a crime. An assault may compound existing health problems, or provoke the onset of new medical conditions. The trauma and stress of enduring a crime may lead to depression or self-blame, or trigger feelings about the person's HIV status.

WHAT BIAS-RELATED CRIMES ARE CONSIDERED AIDS-RELATED?

▸ **Use of AIDS epithets during an assault**
If a perpetrator uses AIDS-related epithets, like "AIDS faggot", during a verbal and/or physical attack, consider the attack AIDS-related. A person's actual HIV or health status is irrelevant.

▸ **Denial of services due to assumed HIV positive status**
If a service worker, such as a police officer, EMS worker, or hospital employee, denies service to a person because of actual or assumed HIV-positive status, consider the incident AIDS- related. AVP cases include the refusal to touch or assist a person who is bleeding, due to a criminal attack, for fear of contracting HIV infection.

▸ **Physical, emotional, or mental abuse due to actual or assumed HIV infection**
This type of abuse can include domestic violence, assault on the street, abuse by service workers, and property damage. Domestic violence by a lover, family member or friend can be exacerbated or escalate due to anger and/or fear of actual or assumed HIV status of either the batterer or the victim. Perpetrators of bias attacks may single out people they assume to be HIV-positive, blaming them for the spread of the disease. Service workers may assault patients/clients assumed to have HIV instead

of offering service. Neighbors may damage the property of people they assumes to be seropositive in hopes of running them out of the community.

Identifying and preying on someone who appears weak or disabled
People who commit bias-related attacks are usually cowards; often a large group gangs up on one or two people. Sometimes perpetrators prey upon people who appear weak, underweight or disabled, reducing the likelihood that their victim will fight back or run away.

HOW SERIOUS A PROBLEM IS HIV-RELATED VIOLENCE?

According to the National Gay and Lesbian Task Force, 15% of the anti-gay and anti-lesbian crimes reported nationwide in 1989 were HIV/AIDS-related.[3] In New York City, AVP receives at least one call per week of HIV/AIDS-related violence. This figure represents only a small fraction of actual HIV-related violence in New York City for the following reasons:

1) Since the National Gay and Lesbian Task Force estimates that three out of four gay and lesbian survivors of violence never report crimes against them to anyone, there is no reason to believe that those with HIV infection are any more likely to report such incidents. In fact, HIV-positive people may be even less likely to report crimes against them. Reasons include fear of: revictimization in the medical, social service and criminal justice systems; retaliation by perpetrator(s); further loss of confidentiality about serostatus and/or sexual orientation. HIV-positive people may also believe that serostatus is irrelevant to the victimization.

2) At AVP, we do not ask a caller for his/her HIV status; people voluntarily tell us if their victimization was related to their actual or perceived HIV status.

3) If the HIV status of the caller does not seem pertinent to the victimization, we often do not include it in the case write-up. AVP case files can be subpoenaed. In order to protect the confidentiality of the caller, we often do not include possible extraneous information that could be used against the client if our files are subpoenaed by the courts.

4) Our statistics only document HIV-related victimization during the course of the crime, not the impact of HIV status as the case develops. For example, if someone is called a "faggot" and bashed, although the crime is not considered HIV-related, the stress and trauma of the beating may exacerbate HIV-related symptoms or opportunistic infections.

5) People who are already coping with HIV-related medical conditions are much less likely to have the time and energy to report and pursue a crime unless that crime becomes life-threatening.

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[3] Anti-Gay Violence, Victimization and Defamation in 1989, National Gay and Lesbian Task Force, p. 10.

HIV-RELATED CASE ISSUES:

Although the HIV status of a person who is victimized may not be an issue in the actual assault, a person with HIV may have unique concerns that emerge as the case develops. Listed below are some HIV-related issues to keep in mind when counseling people who have been attacked. These issues may become more important as the case develops.

"Coming Out" as HIV-positive or as a PWA.
Just as people decide to come out as gay or lesbian, they may decide to come out as HIV-positive when seeking assistance after being assaulted. Seropositive people must assess the importance of their HIV status in the specific incident, and the perceived acceptance of the counselor to work with someone with HIV.

These decisions must be made while the person is in a state of crisis. If the person believes that revealing his/her HIV status is unsafe, s/he may decide against reporting the violence and seeking necessary medical attention for injuries.

Self-blame.
While all people who suffer a bias assault experience trauma, people with HIV may experience special emotional issues. Their experiences of an assault may trigger feelings about their HIV status, regardless of whether the assault was based on their assumed HIV-positive status or for some other reason. These feelings can affect the survivor's perceptions of why an assault happened and how they behaved during the course of the assault. As counselors, it is important to emphasize that no crime victim is to blame for the crime committed against them.

Surviving an attack increases a person's level of trauma and stress.
An assault increases the level of trauma and stress for all assault survivors. However, for a person who has a compromised immune system, the trauma resulting from an attack can be more serious. An attack can exacerbate existing physical or mental symptoms, or add new complications to a person who is already ill. Although recommended for all assault survivors, it is especially important that a person who is HIV-symptomatic receive thorough medical attention after an attack.

Effects of an assault on a person with a compromised immune system.
A person with HIV-related infections may experience special problems after an attack. For example, a person who is seriously underweight (with wasting syndrome) may be a target for an assault due to apparent frailty, and may sustain greater physical harm due to that frailty. As a result, the person may undergo more rapid weight loss after the attack, and may feel too weak to undergo the follow-up necessary to receive help or press charges against the perpetrator(s). Similarly, a person with AID-related dementia may have memory loss and may not be a reliable witness for the crime. In both cases the PWA may need additional assistance in negotiating the system, receiving compensation and medical attention, keeping appointments, pressing charges, and filling out forms.

Monetary issues for persons with HIV/AIDS.
A person with an HIV-related illness who is unable to work suffers from many of the same economic

problems experienced by others who must rely on the government for financial assistance. After surviving a crime, the person may be unable to afford assault-related medical expenses or necessary repairs to property. S/He may need additional assistance in negotiating the social service system.

A person's legal status.
A person engaged in unlawful activity (such as using drugs or prostitution), or with precarious immigration status, may be reluctant to bring charges and/or testify against an assailant.

WHAT CAN BE DONE TO COMBAT HIV-RELATED VIOLENCE?

HIV-related violence, like anti-gay, anti-lesbian, and all other violence based on a person's actual or perceived identity, can only be eradicated through the education and ultimate acceptance of diversity and difference. Education and sensitivity trainings are necessary for service providers who work with people with HIV, including police, social workers, health care workers, and community-based organizations to identify their clients as potential targets for bias-related crime. Many people are uneducated as to how AIDS is spread, blame the victim for being sick, for being bashed, for being revictimized by a service provider. This attitude is manifest through verbal degradation, neglect of services, and physical assault. The organizations that serve gay men and lesbians, people with AIDS, and their communities must begin to acknowledge that bias-related crimes happen and work to develop and provide resources for people who are victimized by bias-related crimes.

Some of the steps available to counteract HIV-related violence include:

1) Begin to develop statistics on incidents of bias-related crimes, including asking questions during intake and other client procedures;

2) Incorporate preventative techniques in work with clients and discuss techniques to identify and avoid bias-related incidents;

3) If a person has been a victim of a bias-related attack or situation, have resource and referral information available.

USE OF TERMINOLOGY:

HIV/AIDS:
In describing the impact of HIV infection on survivors of crime, this manual primarily uses the term "people with HIV/AIDS" to encompass the spectrum of persons with HIV infection, including people who are HIV-asymptomatic, HIV-symptomatic, or who have an AIDS-related condition or AIDS as defined by the Centers for Disease Control.

Crime Victim/Survivor:
In general, this manual attempts to avoid using the term "victim" when referring to a survivor of a crime (or person living with HIV/AIDS). The term victim implies that the person lacks power and control over his or her own life. We at AVP prefer to use the term "survivor" to emphasize the process of reacting to the victimization and regaining personal control after a person has experienced a crime. Unfortunately, the movement advocating for survivors of crime is called the "crime victims movement", the New York State agency providing funding for survivors of crime is called the Crime Victim Compensation Board, and the criminal justice system refers to the survivor as a victim. As a result, it is often awkward and difficult to entirely omit the use of "victim" terminology.

The following case studies are composites of actual cases from the New York City Gay and Lesbian Anti-Violence Project (AVP). Details have been changed to protect the confidentiality of AVP clients.

WHAT IS THE PURPOSE OF THE CASE STUDIES?

By reading these case studies it is hoped that practitioners will gain a better understanding of the types of violence experienced by people with HIV/AIDS. The discussions of the problem and possible interventions that follow each case study are intended to provide practitioners with concrete examples of the types of violence, and to offer practitioners suggestions for possible recourses as described throughout this manual.

HOW DO THE CASE STUDIES WORK?

This chapter includes five case studies. Each case study incorporates various aspects of the types of violence and service areas discussed in this manual. The case studies may be used by practitioners either individually or in groups.

After reading a sample case study, service providers may discuss how they would offer services to the client based on the services available in their agency, what questions they would ask to better understand the problems faced by the client, where they would turn for assistance, where they would direct a client or who they would call to address issues that they cannot handle. Suggestions for service and advocacy avenues available to assist the client are listed on the page immediately following the case study.

CASE STUDY #1: Housing and Discrimination Issues

Marcos and James were lovers and had been living together in the same apartment for three years Marcos was HIV positive, asymptomatic and James had recently been diagnosed with AIDS. Jam was rapidly losing weight and strength, requiring the full-time use of a wheelchair. Other tenants began to harass them, yelling epithets such as, "I hope you die you sick faggots".

Marcos and James needed some repair work done in their bathroom to accommodate James' wheelchair. But the landlord refused to enter their apartment or send in workers, claiming that th apartment was "full of AIDS".

Then James' illness became worse and he needed hospitalization. One evening after returning ho from visiting James in the hospital, Marcos found an eviction notice on the apartment door saying he was an illegal tenant (the lease was in James' name) and that he would be evicted in 72 hours.

AREAS OF CONCERN:

1) The 72 hour notice of eviction. Does he understand the seriousness of the eviction notice? Does he know how to respond to the notice?

2) Marcos' rights to the apartment. What are Marcos' rights to the apartment if James returns? If James does not return to the apartment?

3) James and Marcos' reactions to the harassment by the landlord and other tenants. How do the comments make them feel? Angry? Depressed? How do they react to these comments? Do they say things back? What do they say? Remember: Harassment is often a prelude to an assault. If James and Marcos respond to verbal harassment, they need to be prepared for a possible physical confrontation.

4) Right to accommodation to James' disability. What are the landlord's obligations to accommodate James' disability? How can these rights be enforced?

5) How does this situation affect James and Marcos individually? As a couple?
What has been the impact of the victimization (harassment and eviction notice)?

6) Marcos and James' support system. Support in fighting for their rights to the apartment. Support and assistance in taking care of James. Personal support for Marcos to address the increased stress and pressure of taking care of James and the apartment problems. Do they have friends or family members, therapist, support group, or advocate?

POSSIBLE INTERVENTIONS:

1) Marcos must act immediately to stop the eviction proceedings, by calling the City Marshal, Adult Protective Services, an attorney or an advocate. (See Chapter 9, "Landlord - Tenant Issues" for more details on responses to eviction proceedings and advocacy organizations. Also, see Chapter 14 for a listing of legal resources.)

2) See Chapter 9 for information on Marcos rights to the apartment since his name is not on the lease.

3) Marcos and James have the right to the "quiet enjoyment" of their apartment. They can respond to the verbal harassment and refusal of service through Housing Court, the Division of Housing and Community Renewal, the NYC Commission on Human Rights and NYC Division of Human Rights (see Chapter 9, and Chapter 8, "HIV- and AIDS-Related Discrimination.)

4) Identify any short- or long-term counseling needs for Marcos and James, individually and as a couple. (See Chapter 14 for counseling referrals.)

CASE STUDY #2: Crime Victim Compensation and Counseling

John, a person with AIDS, is severely underweight as the result of HIV-related wasting syndrome. He was robbed and beaten after he had withdrawn cash from an automatic teller machine. The assailant punched John repeatedly in the face. John ended up with a broken jaw, and his eyeglasses were smashed in the scuffle. John got a good look at his assailant, and recognized him as a young man who frequently hung around on that street corner.

Because of the injuries John sustained during the attack, his jaw had to be wired shut. As a PWA with severe weight loss, the increased trauma and stress of the attack, coupled with the physical injury, exacerbated his weight loss. Within one week after the attack, John lost another ten pounds. Because John was on disability, he could not afford to buy a blender which was necessary to grind food to a consistency that he could eat.

AREAS OF CONCERN:

1) John's feelings after the crime. He may feel that he was responsible for or could have prevented the attack. (Remember: a survivor of a crime, is never responsible for the crime od the actions of the assailant.) The assault may trigger feelings about his HIV status. After the attack, he may feel angry or depressed.

2) Does John want to report the crime to the police? Does he want to press charges against the assailant? Does he understand the process through the criminal justice system? Is he realistic about the possible outcomes?

3) As a result of the assault, John will be forced to incur additional expenses, such as hospital and doctor bills, replacement of his glasses, and food and related appliances to receive proper nutrition while is jaw is wired. How will he cover these expenses?

4) Since the attack, is John more concerned about his safety? Does he feel more vulnerable outside of his home? Is he afraid of encountering the assailant again?

5) What kind of a support system does John have - a partner, friends, family members, therapist, support group, or advocate? How can these supportive people help him? What kinds of support is he lacking?

6) What assistance can the service provider offer to John? What areas of assistance are outside the scope of services in the service provider's agency? Where can the service provider refer the client for services that s/he cannot provide?

POSSIBLE INTERVENTIONS:

1) Feelings about the crime, HIV status and other issues may become enmeshed. The service provider may need to help untangle these different issues. What resources are available to address each issue? How could a service provider help John to clarify the issues? (See Chapter 14, "Legal and Counseling Resources" for list of counseling services available.)

2) Reporting the crime to the police. (For more information, see Chapter 4, "Reporting A Crime".) A service provider could help John assess the merits of reporting the crime to the police based on: John's mental and physical health status, the charges against the assailant and possible outcomes, John's support system, John's desire to pursue the case, and John's realistic expectations of the possible outcomes.

3) John may not know that he is entitled to compensation for unpaid medical expenses and replacement of his eyeglasses. He may need assistance in filing for compensation and applying for any necessary emergency funding. (For more information, see Chapter 6, "Filing for Compensation

for Crime Victims.)

4) John may be interested in taking a self-defense class or get involved in other community organizations that respond to bias crime, or learn about safety tips for survivors of crime. (See chapter 13, Community Response to Bias Crime.)

CASE STUDY #3: Reporting a Crime and Discrimination

Victor is a PWA who was just released from the hospital. He had lost several pounds during his stay in the hospital, and needed a new pair of pants that fit better. He went into a store near his house, and asked the sales clerk for assistance. The clerk started muttering something under his breath about "faggots" and "AIDS".

Victor started to get worried and looked around for some assistance. He was relieved to see that the security guard seemed to overhear what was happening and was heading toward them. However, instead of asking about the problem, the guard started yelling at Victor and pushing him out the front door of the store. Once outside the guard started hitting Victor repeatedly with his billyclub, calling him a "faggot", and telling him to get out of the store and to keep his disease to himself.

AREAS OF CONCERN:

1) How is Victor feeling after the crime? Is he angry? Depressed? Has the crime triggered any oth feelings - about his HIV status? His sexual orientation? Has the assault spurred him to action or le him feeling immobilized?

2) How is Victor's physical health since the attack? Has he been to a doctor since the attack? Did tell the doctor about the assault? Is he taking care of himself physically and mentally?

3) Does he want to report the crime to the police? A crime victims' agency? Does he want to pre charges?

4) How is his support system? Does he have a lover, friends, family, support group, therapist and advocate to help him through the trauma of the victimization and its aftermath?

POSSIBLE INTERVENTIONS:

1) Counseling. Surviving an assault may trigger feelings about the survivor's HIV status and/or sexual orientation. Victor may internalize the victimization and feel that it was his fault. However bias assaults are random and the victim is never responsible for the crime. Victor may need short-long-term counseling to address any of the victimization, HIV and/or sexual orientation issues.

2) Reporting the crime and pressing charges. A worker may help Victor understand the procedure for reporting a crime and pressing charges, and assist him in determining possible results if he pre charges and if his expectations are realistic. The same assessment could be made regarding filing a civil suit. (See Chapter 4, "Reporting A Crime" and Chapter 5, "Working Through the Criminal Justice System" for more details.)

3) Obtaining compensation for expenses related to the assault, including medical bills. (For more information see Chapter 6, "Compensation for Victims of Crime".)

CASE STUDY #4: Domestic Violence Issues and Health Care Issues

Ellen has been living with her lover Diane for seven years. They are both HIV-positive, and Ellen has been recently diagnosed with AIDS, Diane is HIV-asymptomatic. Even before they both tested positive for HIV, Diane was physically and emotionally abusive of Ellen.

Since their positive HIV test, Diane has become progressively more abusive: blaming Ellen for infecting them both, accusing Ellen of having sex with men and other women, denying Ellen the medication she needs, and hitting Ellen whenever she complains about feeling too ill to get out of bed.

Ellen became seriously ill and was hospitalized. When she began to feel better the hospital social worker prepared to discharge her back to her home with Diane, but Ellen refused to go back.

AREAS OF CONCERN:

1) Ellen is in a crisis situation – deciding to leave her lover while recovering from an illness. Do she feel comfortable telling the social worker about her relationship with Diane? Does she feel comfortable talking about the abuse in her relationship?

2) How may the hospital social worker show concern and support for Ellen? What kinds of quest could the social worker ask to help Ellen feel more comfortable talking about her situation?

3) Ellen's support system. Does she have friends, family, a support group, or counseling for on-going support in coping with her situation?

4) What is Ellen's plan if she doesn't go home? How can the social worker help Ellen devise a p. What options are available? How could a social worker help Ellen assess if these options are realistic?

5) Is Ellen concerned about Diane's reactions to the decision to leave home? Does Ellen need protection from Diane? What kind of protection? A safe place to stay? An Order of Protection? What resources are available?

POSSIBLE INTERVENTIONS:

1) Filing for an Order of Protection (See Chapter 11, "Domestic Violence and HIV" for filing an enforcement procedures).

2) Help Ellen devise a plan to leave her home. Assess resources available (such as money, credi cards, a place to stay), and kinds of support available (friends, family members, counselors, supp groups, advocates). What services need to be set up prior to her discharge?

3) What are Ellen's short- and long-term counseling needs and resources? (See Chapter 14, "Leg and Counseling Resources" for listings of lesbian, crime victim and HIV/AIDS counseling resour

4) Providing Ellen with an opportunity to discuss her situation at home. How may a service prov show concern about her situation? It may be important for Ellen to know that she is not alone - o lesbians and people with HIV experience are in abusive relationships and many people are able to leave the relationship. Ellen needs to feel safe while she is recovering, and stress makes this proc worse. What counseling, advocacy and emergency housing resources are available? (See Chapter for more details.)

CASE STUDY #5: Police Abuse and Reporting A Crime

Wil, a Latino gay man had been recently released from the hospital. He was a PWA and severely emaciated from AIDS-related wasting syndrome. He was feeling good for the first time since leaving the hospital and decided to go on a short shopping trip. He started to feel sick again and sat down on the stairs in a public building to rest. A police officer saw him sitting on the steps and told him to get up and move on. Wil told the officer that he was a PWA and needed medical attention. Instead of calling an ambulance or transporting him to a nearby hospital, the police officer called him "a dirty junkie" and struck Wil in the head with a nightstick. The officer arrested Wil and then forced him to stand, handcuffed to a wall, for more than an hour before he was released.

AREAS OF CONCERN:

1) Wil's response to the incident. After surviving an attack, Wil may blame himself for the abuse. may trigger feelings about his HIV status and/or his sexual orientation. A service provider may he. him untangle these feelings. How is he feeling? Is he angry? Depressed? How does he want to respond to the incident? Does he want to file a complaint against the officer?

2) How strong is Wil's support system? Does he have a lover, friends, family members, a support group, advocate or counselor the help him through his recovery process?

3) How is Wil's physical health after the incident? Did he go to a doctor? It is important that any injuries or complications that result from the injury are documented in Wil's medical records. The medical records may be used if Wil decides to file a complaint against the officer.

POSSIBLE INTERVENTIONS:

1) A service provider may assist Wil in sorting out his feelings about the incident, and encourage h to not blame himself for the attack. What kinds of counseling or advocacy services does Wil need respond to the assault?

2) A service provider may advocate to get the charges against Wil dismissed. (See Chapter 5, "Working Through the Criminal Justice System" for information on the criminal justice process. Also, See Chapter 14, "Legal and Counseling Resources" for referrals for legal assistance.)

3) Help Wil decide if he wants to file charges against the police officer. Is Wil physically and mentally prepared to file a complaint? (See Chapter 7, "Police Discrimination and Abuse" for questions to ask in determining whether or not to pursue a case, and the process for filing a complaint).

4) Mobilize community response. Community activists and organizations in the lesbian and gay, AIDS, and Latino communities may be interested in responding to the incidence of police abuse. Options for community response include, but are not limited to, demonstrations, rallies, and press conferences. (See Chapter 13, "Community Response to Bias Crime" for more information and listing of organizations.)

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VOLUNTEER TRAINING
HIV-RELATED VIOLENCE

WHAT IS HIV-RELATED VIOLENCE?

HIV-related violence is the victimization of a person based on his or her actual or perceived positive HIV status. This victimization ranges from verbal harassment to physical assault to homicide. Anyone can be a target for HIV-related violence: gay men, lesbians, straight men and women, HIV+, HIV-, HIV+ asymptomatic, People with AIDS.

AVP is one of the few organizations in New York City, and across the country, documenting HIV-related violence. For staff and volunteers at AVP it is important to document the incidence of HIV-related violence when filling out case forms. If a bias attack is HIV-related, check the "AIDS-Related" box under the heading "Nature of Crime", and detail the AIDS-related nature of the crime in the "Summary of Incident and Services Provided" at the end of the form.

WHAT BIAS-RELATED CRIMES ARE CONSIDERED AIDS-RELATED?

USE OF AIDS EPITHETS DURING AN ASSAULT

If a perpetrator screams AIDS-related epithets, like "AIDS faggot", during a verbal and/or physical attack, consider the attack AIDS-related. It doesn't matter if the person has AIDS or not, is HIV positive or not.

DENIAL OF SERVICES DUE TO ASSUMED HIV+ STATUS

If a service worker, such as a police officer, EMS worker, or hospital employee, denies service to a person because of actual or assumed HIV-positive status, consider the incident AIDS-related. AVP cases include the refusal to touch or assist a person who is bleeding, due to a bias-related attack, for fear of contracting HIV infection.

PHYSICAL, EMOTIONAL, OR MENTAL ABUSE DUE TO ACTUAL OR ASSUMED HIV INFECTION

This type of abuse can include domestic violence, assault on the street, abuse by service workers, and property damage. Domestic violence by a lover, family member or friend can be exacerbated or escalate due to anger and/or fear of actual or assumed HIV status of either the batterer or the victim. Perpetrators of

bias attacks may single out people they assume to be HIV+, blaming them for the spread of the disease. Service workers may assault patients/clients assumed to be HIV+ instead of offering service. Neighbors may damage the property of people they assume to be HIV+ in hopes of running them out of the community.

IDENTIFYING AND PREYING ON SOMEONE WHO APPEARS WEAK OR DISABLED
People who commit bias-related attacks are usually cowards; often a large group gangs up on one or two people. Sometimes perpetrators prey upon people who appear weak, underweight and disabled; reducing the chance of their victim fighting back or running away. For the person being assaulted, there is a greater chance of sustaining serious physical injury and suffering additional complications after the attack. Seropositive people who appear to have wasting syndrome are often targets for perpetrators of bias attacks.

HOW SERIOUS A PROBLEM IS HIV-RELATED VIOLENCE?
Five to ten percent of our caseload at AVP is documented as HIV-related violence. This figure represents only a small fraction of actual HIV-related violence in New York City for the following reasons:

1) Since the National Gay and Lesbian Task Force estimates that 75% of gay and lesbian survivors of violence never report crimes against them to anyone, there is no reason to believe that those with HIV infection are any more likely to report such incidents. In fact, HIV+ gay men and lesbians may be even less likely to report crimes against them. Reasons include fear of: revictimization in the medical, social service and criminal justice systems; retaliation by perpetrator(s); further loss of confidentiality about serostatus and/or sexual orientation. HIV positive people may also believe that serostatus is irrelevant to the victimization.

2) At AVP, we do not ask a caller for his/her HIV status; people voluntarily tell us if their victimization was related to their actual or perceived HIV status.

3) If the HIV status of the caller does not seem pertinent to the victimization, we often do not include it in the case write-up. AVP case files can be subpoenaed. In order to protect the confidentiality of the caller, we often do not include possible extraneous information that could be used against the client if our files are subpoenaed by the courts.

4) Our statistics only document HIV-related victimization during the course of the crime, not the impact of HIV status as the case develops. For example, if someone is called a "faggot" and bashed, although the crime is not considered HIV-related, the stress and trauma of the beating may exacerbate HIV-related symptoms or opportunistic infections.

5) People who are already coping with HIV-related medical conditions are much less likely to have the time and energy to report and pursue a crime unless that crime becomes life-threatening.

HIV-RELATED CASE ISSUES:
Although the HIV status of a person who is victimized may not be an issue in the actual assault, a person who is HIV+ may have unique concerns that emerge as the case develops. Listed below are some HIV-related issues to keep in mind when counseling people who have been attacked. These issues may become more important as the case develops.

"Coming Out" as HIV-positive or as a PWA.
Just as people decide to come out as gay or lesbian, they may decide to come out as HIV+ when seeking assistance after being assaulted. Seropositive people must assess the importance of their HIV status in the specific incident, and the perceived acceptance of the counselor to work with someone who is HIV+. These decisions must be made while the person is in a state of crisis. If the person believes that revealing his/her HIV status is unsafe, s/he may decide against reporting the violence and seeking necessary medical attention for injuries.

Self-blame.
While all people who suffer a bias assault experience trauma, HIV+ people may experience special emotional issues. Their experiences of an assault may trigger feelings about their HIV status, regardless of whether they are assaulted for being HIV+ or for some other reason. These feelings can affect an HIV+ person's perceptions of why an assault happened and how they behaved during the course of the assault. As counselors, it is important to emphasize that no crime victim is to blame for the crime committed against them.

Surviving a bias attack increases the level of trauma and stress.
An assault increases the level of trauma and stress for all assault survivors. However, for a person who has a compromised immune system, the trauma resulting from an attack can be more serious. An attack can exacerbate existing physical or mental symptoms, or add new complications to a person who is already ill. It is important that a person who is HIV+ and symptomatic (especially) receive thorough medical attention after an attack.

Effects of a bias assault on a person with a compromised immune system.
A person with AIDS-related infections may experience special problems after a bias-related attack. For example, someone who is seriously underweight (wasting syndrome) and a target for bias-attacks due to apparent frailty, can sustain greater physical harm due to frailty, may undergo increased weight loss after an attack, and may feel too weak to undergo the follow-up necessary to receive help or press charges against a perpetrator. Similarly, a person with AID-related dementia may have memory loss and may not be a credible witness for the crime, or the defense may attempt to undermine the survivors credibility. In this case it is important to take a deposition as soon as possible after an attack. In both cases the PWA may need additional assistance in negotiating the system, receiving

compensation and medical attention, keeping appointments, pressing charges, and filling out forms.

Monetary issues for persons on Social Security Disability. A person on Social Security Disability suffers from many of the same economic problems of other low income people, including people on public assistance. The person may be unable to afford assault-related medical expenses or necessary repairs to property. S/He may need additional assistance in negotiating the social service system.

A person's legal status. A person engaged in unlawful activity (such as drug use) or otherwise in jeopardy (such as precarious immigration status) may be reluctant to bring charges and/or testify.

SEXUAL ASSAULT AND HIV STATUS

A rape survivor may be concerned about exposure to HIV during the assault. This could be of particular concern after a brutal rape that causes internal bleeding. Although AVP does not provide counseling about HIV transmission and status, if the survivor asks about the possibility of contracting HIV from the rapist, we need to be prepared to answer some basic questions and make appropriate referrals. Below are some HIV-related issues you may need to discuss with a client who has been raped, if the survivor asks.

1) **Get medical attention.** We always encourage rape survivors to go to the emergency room as soon as possible after the sexual assault for medical attention. If a survivor asks why, we discuss the need for the survivor to have his/her body examined. It is not our role to bring up the possibility of transmission of HIV. If the survivor questions why a body examination is necessary, it is important to discuss the need to check for physical injury and test for sexually transmitted diseases.

2) **Get tested.** If a survivor of sexual assault expresses the concern that s/he has contracted HIV from the rapist, encourage him/her to take the HIV antibody test. In order to ensure confidentiality, recommend an <u>anonymous</u> test. This form of testing is available, free of charge, through the New York City, State and County Departments of Health. For an anonymous test, the patient will be assigned a number; names will not be used. Test sites are located throughout the five boroughs and counseling is provided both before and after testing.

If a person prefers to go to a private doctor or clinic, s/he should make sure that the test request and results are NOT placed in his/her medical records, in order to ensure confidentiality.

3) **The HIV status of the rapist.** Many survivors of sexual assault want to know the HIV status of the rapist. According to the New York State confidentiality law, a rapist cannot be

ordered to take the HIV antibody test. If an assailant does know his/her HIV status, s/he is not required to reveal it.

Knowing the HIV status of the rapist will not genuinely help a survivor make an informed health choice about treatment, or alleviate the anxiety and trauma related to possible HIV infection:

* **The rapist may be HIV positive without transmitting the virus.** This can happen because HIV may be more difficult to transmit through just one exposure, or semen or blood may not be involved. (Remember, HIV can be transmitted only through bodily fluids such as blood, semen and vaginal fluids). Discovering that the rapist is HIV positive may add unnecessary stress to the survivor who may be HIV negative.
* **The rapist may test negative and the test may be wrong.** The test results may be inaccurate, giving the survivor a false sense that s/he is HIV negative. Also, the rapist may be HIV positive, but not have developed antibodies to the virus, which would indicate a negative test result.
* **The survivor may have contracted the virus through some other means.** A sexual assault may not be the survivor's only potential exposure to HIV. If a survivor is concerned about contracting the virus s/he needs to get tested.

4) **Evidence of exposure to HIV is not immediate.** Because the test checks for antibodies to HIV, and not the virus itself, there is an incubation period where a person may be exposed to the virus, but not test positive. Although 90% of people test positive for HIV within six months of being exposed to the virus, in some cases, it can take a person up to 14 months to produce antibodies. For this reason, the test must be taken periodically through the fourteenth month following possible exposure.

5) **Surviving a rape is stressful and traumatic.** The possible contraction of HIV should just be one of many concerns after surviving a sexual assault. It is the counselor's role to support the survivor and help to address the <u>many</u> issues that the survivor is facing.

6) **Practice safer sex.** Regardless of test results, if a person is worried about contracting HIV, encourage him/her to find out about and use safer sex. Safer sex includes using condoms, dental dams, other latex, and not sharing needles unless they are cleaned. Because HIV is usually transmitted through repeated exposures to the virus, safer sex practices can greatly reduce the possibility of exposure.

<u>SUMMARY</u>

Surviving a bias-related attack is a difficult process for anyone. As counselors it is important for us to attend to both

the emotional and the physical needs of our clients. This is especially true of working with people with HIV infection. Seropositive people may require additional understanding, patience, advocacy, and time from counselors. This work all takes place while we, as counselors, continually question and evaluate our own feelings, prejudices and phobias around HIV infection.

Responding to Communities in Crisis

What is the CCRT?

The Community Crisis Response Team was founded in July, 1988, in response to an absence of coordinated services for community groups traumatized by violence. The team unites professional and paraprofessional representatives of mental health, social service, medical, religious, educational, and other human service agencies in the Greater Boston area.

All agencies participate on a voluntary basis. Team members include specialists in victimization, psychological trauma, and crisis intervention, and professionals experienced in working with special populations such as children, minorities, and the elderly. With this wide range of Team membership and skill, responses can be planned to address the specific needs of the individuals and communities affected.

In addition to their individual experience and expertise, all CCRT members participate in an intensive training program and in on-going in-service education. Training focuses on the application of the Team's empowerment model of community-level crisis intervention.

The Community Crisis Response Team is a service of the Victims of Violence Program at the Cambridge Hospital and is affiliated with North Charles, Inc. and Harvard Medical School.

The CCRT is supported by Federal Victims of Crime Act funds awarded by the Massachusetts Office of Victim Assistance, grants from The Better Homes Foundation and Carlisle Services, Inc. of Framingham, and private donations.

Community Crisis Response Team
A Service of the Victims of Violence Program

The Cambridge Hospital
1493 Cambridge Street

Communit Crisis Response Team

Crime and violence affect entire communities. The Community Crisis Response Team (CCRT) provides short-term crisis intervention and consultation services to communities traumatized by violence. The CCRT tailors its services to the particular persons, crime, and community involved. Working closely with community representatives to assess local needs, CCRT staff develop appropriate response plans — ensuring that team member skills backgrounds, and affiliations comple ment those of local resources.

A Service of the Victims of Violence Program

What is Community Trauma?

Violent events have a traumatic emotional impact on many levels: on individual victims, witnesses, family members, friends and co-workers, and on entire communities. Events that can cause community-wide trauma include:

- Three high school students are killed in an automobile accident one week before graduation.
- Two residents of a senior citizen housing development commit suicide within a three-month period.
- On their way home from school, several children witness a shooting in their neighborhood.
- Firefighters respond to a multiple-alarm fire which has attracted city wide media attention. Two are seriously injured after several hours of trying to extinguish the blaze.
- An active member of a religious congregation is beaten and robbed while walking home from services.

CCRT Services

The CCRT works closely with local agencies and grassroots organizations when providing assistance to traumatized community settings. Services provided by the Team include:

- Immediate consultation and training to local service professionals in understanding the dimensions of acute and chronic trauma;
- Direct crisis intervention, primarily in the form of community "debriefing" meetings, for those directly affected by a traumatic event. These meetings help participants regain a sense of control over their lives and foster community-wide coping and support;
- Training and assistance to local service providers in conducting debriefing meetings with victims, community members, and local professionals; and
- Follow-up consultation and assistance to local mental health and social service agencies.

Member Agencies

Crisis Intervention Services-Massachusetts Mental Health Center-Boston
Dorchester/Mattapan Community Mental Health Center
Essex County Victim/Witness Assistance Program
Fenway Community Health Center - Boston
Geriatric Service - Cambridge Hospital
Haitian Mental Health Unit -Cambridge Hospital
Indochinese Psychiatry Clinic - Brighton
International Center - Boston
Massachusetts Office of Victim Assistance
Metropolitan State Hospital ASAP Team
Middlesex County Victim-Witness Bureau
Norfolk County Victim-Witness Assistance Program
Omega Program - Somerville
Outpatient Psychiatry Dept. - Cambridge Hospital
Project RAP, Inc. - Beverly
Psychiatric Emergency Outreach Service - Cambridge Hospital
Roxbury Comprehensive Community Health Center
Suffolk County Victim/Witness Assistance Program
Trauma Clinic - Massachusetts Mental Health Center - Boston
Victims of Violence Program - Cambridge Hospital
Violence Prevention Project, Dept. of Health and Hospitals - City of Boston
Worcester City Emergency Ambulance Service

To learn more about the CCRT or to request intervention services, contact the CCRT Coordinator at:

(617) 498-1180 or
(617) 498-1150 (Outpatient Psychiatry)

Community Crisis Response Team
A Service of the Victims of Violence Program

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The Cambridge Hospital

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REACTIONS TO VIOLENCE

INFORMATION FOR "SECONDARY VICTIMS"

We know that when people have been victims of violence, they often have physical and emotional reactions that can last for a long time. But other people - family, friends, coworkers, emergency service personnel, neighbors, witnesses to the violence, or others who have something in common with the victims - can also have reactions to a particular violent event. These people, sometimes called "secondary victims," can find themselves thinking a lot about the victim and the violence, having difficulty taking care of themselves, or experiencing a variety of feelings that they find confusing or worrisome.

First, it is important to understand that, following a traumatic event - even if it has happened to someone else - it is normal to feel it personally. Although each person reacts differently, according to his/her own individual personality, there is a wide range of normal feelings and reactions. These can occur after you have been involved in, or have heard about, a traumatic or violent event.

This handout will describe reactions common to secondary victims and suggest ways to take care of yourself as you recover from the experience of violence against someone you care about or someone with whom you have a special connection. Even if you were not directly victimized by the incident, this information may help you understand others who have been affected.

COMMON REACTIONS TO VIOLENCE AND TRAUMA

Physical

Sleeping disturbance
Eating problems
Fatigue
Feeling sick to your stomach
Sweating or chills
Shock
Dizziness
Chest pains
Trouble breathing

Difficulties in Thinking

Difficulty in remembering things
Trouble making decisions
Confusion
Difficulty concentrating
"Flashbacks"
Nightmares
Too many thoughts at once
Thinking about suicide

Types of Feelings

Nervousness
Fear
Grief
Depression
Hopelessness
Helplessness
Anger
Irritability
Feeling overwhelmed
Guilt
Vulnerability

Behaviors

Changes in how you usually act
Withdrawing from other people
Clinging to other people
Silence
Talkativeness
Not eating
Overeating
Acting as if you were much younger
Substance abuse - alcohol, drugs, food, medications
Other dangerous behaviors - ones that could cause harm to others or harm to yourself

SUGGESTIONS FOR SUCCESSFUL COPING

In the aftermath of violence and other traumas, people sometimes find themselves at a loss for how to cope with their feelings and reactions. Or, they spend so much time caring for others that they sometimes forget that they must take care of themselves, as well. Wearing yourself out can only make it more difficult to cope with what has happened and more difficult to take care of the responsibilities you have to your family, friends, and job. Listed below are some suggestions that can help you - and those close to you - cope better when you have experienced the trauma of violence.

DIET

As best as you can, try to eat regularly. You may be tempted to eat lots of sweets, soft drinks, or coffee. Sugar and caffeine can actually increase your overall stress level; so, try to limit how much of these you use.

Sometimes, under extreme stress, people start using more alcohol - or other drugs - than usual. Alcohol and drugs may postpone some feelings or reactions, but they can actually make them worse. This is especially true for feelings of depression. So, use common sense about what you put into your body at this particularly stressful time.

REST AND RELAXATION

In coping with the aftermath of violence, it is important to maintain a regular schedule that allows for adequate amounts of sleep and relaxing, stress-reducing activities. If you know any formal relaxation techniques - meditation, deep breathing exercises - use them. Otherwise, use whatever strategies usually help you relax - listening to music, reading, going to church, sitting in the park, playing with your children.

PHYSICAL ACTIVITY

Exercise is one of the best ways of reducing stress. Although it may be difficult to find the time for this, try to work it into your day. If you usually exercise - aerobics, lifting weights, jogging, playing sports - start working these back into your regular schedule. Walking is a great form of exercise. Be sure to check with your physician if you do not usually exercise. Encourage your children to play. It isn't "just fun"; it is a way for them - and adults - to cope with stress and anxious feelings.

SOCIAL CONTACTS

Keeping contact with your family, friends, and co-workers - and others who have gone through similar experiences - is another good strategy for reducing stress. You may sometimes want to be by yourself; that's fine. But, isolating yourself from those who know and care about you may make matters worse. So, try to keep in contact as much as possible. Children, in particular, may need the attention and close, physical contact of their parents and other relatives.

SUPPORT SYSTEMS

Talking - even though it is sometimes hard - about your own reactions to a violent event does help. But, it is important that you choose people you trust and people who will really listen to how you feel. Supportive listeners may be friends, family, clergy members, teachers, or self-help groups. They may also be professional counselors. Keep in mind that people benefit most from counseling when they want it.

SUPPORT TO OTHERS

Offering support to others - in addition to taking care of yourself - can also help in recovering from the emotional impact of violence. Many people find strength

in participating in special events, rituals, or community activities which honor victims or offer support to their loved ones. Religious services, community discussion and support groups, public ceremonies or memorials, and political activities are examples of positive, healthy involvement which can aid in recovery. Such public activities are not for everyone, however. It is important that you become involved in such activities only when you feel ready.

THE COURSE OF RECOVERY

Recovery from the emotional impact of violence involves many different feelings. While we know that there is a wide range of common, normal reactions to the experience of violence, we also know that each person may not have exactly the same feelings and reactions. Sometimes feelings change quickly or seem to go from one extreme to another - like an "emotional roller coaster." Try to be understanding of yourself and those you care about - understanding that you may not have the same feelings or may not have them at exactly the same time. But, you are probably having normal reactions to an abnormal event.

Recovery from the emotional impact of violence takes time. Often, people expect that their reactions should go away quickly; but, this is not always the case. Outside events sometimes slow down the recovery process. These may include: new information about the traumatic event; additional media coverage - even when you least expect it: special dates or events - e.g., birthdays, holidays, anniversary date of the incident, or news of a similar violent episode. It often helps to anticipate that you might have feelings or reactions during these times. Keep in mind that this is common and usually passes with time. You will probably find that others are having similar reactions. Again, talking with someone you trust can be very helpful.

NUMBERS TO CALL IF YOU WOULD LIKE SOME ASSISTANCE FOR YOURSELF OR OTHERS:

Prepared by the Community Crisis Response Team - April 1990

PROJECT RAP, INC.

COMMUNITY CRISIS RESPONSE TEAM

PROGRAM SUMMARY
1990

In the past seven years, Project RAP, Inc. has developed a relatively new service known as Community Crisis Response. Initiated as a result of a child homicide in Beverly in 1983, this model has been refined, adapted and shared with other caregivers at all levels - local, statewide and national. As a member of the National Organization for Victim Assistance (NOVA), the agency has participated in several national Community Crisis Response Teams (CCRTs): following the post office massacre in Edmond, Oklahoma and city council shooting in Mt. Pleasant, Iowa in 1986; after the military plane crash into a Ramada Inn in Indianapolis in 1987; and in the wake of a school-bus crash that killed 27 children in Radcliffe, Kentucky in 1988. In Massachusetts, Project RAP's CCRT has provided intervention following many community-wide tragedies, including two rooming house arsons with multiple fatalities, various homicides and/or suicides, several child sexual assault cases, and other incidents which have resulted in potential long-term stress reactions.

Since 1986, Project RAP has received federal Victim of Crime Act (VOCA) monies through the Massachusetts Office for Victim Assistance (MOVA) to provide comprehensive services to victims of violent crime and other stark misfortune, including those communities and groups throughout the Commonwealth who are in need of Community Crisis Response and have no available local resources. The CCRT is available to neighborhoods, worksites, schools, local government, and other organizations who request assistance in the aftermath of unexpected trauma. The service is offered as a part of the agency's Victims of Crime and Loss (VOCAL) program at no cost to the participants.

Community Crisis Response Team assistance may include the following:

- Technical assistance and support to local leaders (i.e. city/town managers, school superintendants or principals, department heads, etc.).
- Distribution of written materials regarding crisis and stress reactions, suggested coping strategies, child reactions to trauma.
- Group meetings (often called debriefings) with persons most affected by an incident - these meetings are designed as an educational forum to assist participants in regaining a sense of understanding and control following exposure to a tragedy.

- Suggestions and referrals for follow-up support.
- Training of local caregivers to assist their community in recovering from an unusual traumatic event.

Project RAP's Community Crisis Response Team can be reached through our 24-hour Hotline (508) 922-0000 and is available for initial consultation at any time, day or night, 365 days a year. For emergency requests, please ask for Kim Wilkins or Karen Tompkins (state that this is an immediate request, as the hotline staff may need to access the CCRT via beepers). For more information on this program, please contact Kim or Karen at (508) 927-4506 afternoons, Monday through Friday.

Project RAP also sponsors the North Shore Critical Incident Stress Debriefing Team, providing services to emergency service workers and public safety personnel - including emergency medical services, law enforcement, fire service, Civil Defense, etc. - in the Essex County Area. A program summary of this program is attached for your consideration.

NORTH SHORE C.I.S.D. TEAM

MISSION STATEMENT: The North Shore C.I.S.D Program will ultimately provide multi-dimensional stress management services for emergency service personnel of Essex County. The program will consist of the following components:

1. A Critical Incident Stress Debriefing Team will be established to lessen the impact of major events on emergency service personnel. As a reactive service, the Team will provide support to emergency service personnel at the scene or after an encounter with a critical incident.

2. A resource and referral network will be established to assist those emergency service personnel seeking specialty services. This will include, but not be limited to, substance abuse treatment, family counseling, weight loss and fitness programs, and other providers with a known understanding of critical incident stress and its impact on emergency service personnel and their families.

3. Educational and preventative programming. Stress management programs will be offered for incorporation into the Emergency Medical Technician, Paramedic, Firefighter, Police, Communications, Hospital and Civil Defense curriculums. Also, presentations on various CISD related topics will be presented upon request to emergency service, affiliated service, and community organizations.

4. Family education and support programs to address the needs and concerns of the loved ones of the emergency service provider will be initiated.

5. A plan for the incorporation of mental health and CISD services during times of large scale crisis or disaster will be offered to local and county emergency planning organizations.

Project RAP, Inc., the sponsoring agency for the North Shore CISD Program, has been actively addressing the needs and concerns of other groups, communities, and organizations who are exposed to critical incident stress since 1983. The agency's Community Crisis Response Team (a service of RAP's Victims of Crime and Loss Program) is available to schools, neighborhoods, worksites and other non-emergency service providers who request technical assistance or support in the wake of a major event. The Community Crisis Response Team also works closely with the American Red Cross, local civil defense, and Massachusetss Office for Victim Assistance, and will coordinate with the North Shore CISD Team to maximize services for both programs.

The Apple Village Project: An Experiment in Neighborhood Intervention

Administrative Offices
202 Rantoul Street
Beverly, MA 01915
(617) 921-1292

Bay State Center for Displaced Homemakers
202 Rantoul Street
Beverly, MA 01915
(617) 922-3958

Crisis and Counseling Services
202 Rantoul Street
Beverly, MA 01915
(617) 922-4566
(617) 922-0000 (HOTLINE)

Emergency Shelter for Youth
19 Chestnut Street
Peabody, MA 01960
(617) 532-5316

North Star Adventure
202 Rantoul Street
Beverly, MA 01915
(617) 921-1643

Littleton Girls' House
P.O. Box 2335
Littleton, MA 01460
(617) 486-9227

On November 28, 1983, David Wright, age five, was murdered in the woods his home in Apple Village, a housing development in Beverly, Massachusetts. The tragedy was especially traumatic for the residents of the Village for several reasons:

- Several of David's playmates reported seeing him being taken into the woods at gunpoint, but parents were slow to respond to the reports.
- The man accused of the murder was a resident of the Village and was known to many of the children.
- The murder itself involved sexual mutilation of the victim.
- The weapon was not found at the site of the crime, and the neighborhood was the scene of a massive search involving police and dozens of volunteers for several days following the murder.
- A number of children who lived near the victim were identified as witnesses and were required to testify during the trial which occured almost one year from the date of the murder.
- The press surrounding the murder, arrest and subsequent trial was extensive and at times sensational. The fact that the District Attorney originally sought the death penalty (the first such decision in Massachusetts in over forty years) added to the volume of media attention.
- The location of Apple Village itself was both remote and geographically disconnected from the greater city. This isolation factor contributed greatly to a sense of vulnerability for residents, and created a neighborhood identity both removed and separate from the city of Beverly and its general population.

Immediately following the murder, staff from North Shore Children's Hospital were asked to provide assistance to the residents of Apple Village. A meeting with parents was conducted by a staff psychiatrist, and a film on child molestation was scheduled to be shown to parents and children four weeks later. During the interim, Project RAP was identified as a possible link between the residents and appropriate referral sources. Originally it was planned that the supervisor of the agency's Crisis Intervention

Center would be introduced to the parents as a resource for conducting a needs assessment that would help them identify "the next steps" for connecting with other service providers.

Project RAP's first meeting with parents and residents of Apple Village was held in the neighborhood community center, and was attended by approximately 35 adults. At that time, there was no identified leadership for the group and the general tone was that of helplessness, fear and frustration. Characteristically, residents expressed feelings of shock, vulnerability, anger, alienation and guilt. Parents were primarily concerned for their children who were reportedly experiencing nightmares, bedwetting, poor school performance and other forms of regression since the murder. Residents (both adults and children) felt stigmatized by their sudden notoriety as living in a "bad place" where such a terrible event had occured. Much of the first meeting was spent in supporting participants' need to verbalize and share their feelings within the structure created by an outside facilitator (the Project RAP staff person). The latter part of the meeting was directed toward encouraging the group to establish its own structure, leadership and communication network. At the end of the meeting, it was agreed that Project RAP would provide services to the Apple Village children in whatever format might be most effective.

In assessing the needs of the residents of Apple Village, it became clear that the traditional process of making individual referral to local service providers would tend to further fragment this neighborhood already in crisis. It was felt that designing a comprehensive program for natural groupings within the Village, offered at the community center and at no cost to participants, would best meet the needs of the neighborhood. Among the goals of the project were the following:

- Facilitation of the grief/loss process among residents; response to anticipated stages of reactions in the wake of violent crime.
- Support and empowerment of neighborhood organization, leadership and communication network.
- Advocacy and education around security issues.
- Reunification of neighborhood residents; strengthening of natural bonds.
- Rebuilding of positive self-image among residents.
- Facilitation of decision-making and problem-solving models.
- Implementation of child assault prevention curriculum.
- Identification and education around existing and needed resources.
- Advocacy and linkage around interaction between residents and the District Attorney's Victim/Witness staff.
- Ongoing needs assessment and evaluation/modification of project goals.

Once the project goals had been established, the agency requested, and received, a supplemental grant from the United Way of the Central North Shore for $1500 to cover the cost of consultants, materials, and related expenses. In designing the project, it was decided that a group model would be used. In addition to the existing parents group, children would be divided into groups according to age;

- Group I: Kindergarten through third grades
- Group II: fourth through sixth grades
- Group III: seventh through ninth grades
- Group IV: tenth through twelfth grades (this last group for older children received very little response and was later combined with Group III)

A clinical team of five staff members was developed, each representing experience with the various ages within their respective groups. Each group would be co-facilitated by two team members, with one staff person as Team Leader involved in all groups for the purpose of consistency and coordination.

Over a period of six months, a total of 38 group sessions were conducted; ten sessions with parents, eight sessions with each of the three children's groups, and four sessions involving both parents and children. Individual work was done with the housing development management staff, insuring a support base for the work of the clinical team at the community center. Groups met on a weekly basis in the early stages of the project, and were later scheduled on a bi-weekly basis in preparation for termination of the project planned for the end of the school year and the beginning of summer vacations. During the course of the project, a total of 48 parents and 37 children participated in two or more of the group sessions.

A major factor in creating a relationship with the neighborhood was the empowerment of the parents. Starting with the initial meeting, Project RAP was presented as a resource to help the residents restore <u>themselves</u> to a pre-crisis state. At all times, parents were encouraged to take full responsibility for their own recovery and that of their families. Throughout the project, the Team Leader consulted with parents around their concerns for their children, and kept them fully informed of the activities within the children's groups. In addition to working with the parents around their own issues of grief, loss and victimization, group leaders provided education and direction for dealing with those same issues within the individual family structures. At the same time, parents became mobilized to look beyond their neighborhood for additional support. As a result of the crisis, residents organized both Block Parent and Crime Watch programs with the local police, and were also successful in creating and staffing a local recreation program for the neighborhood children. Prior to the end of the project, residents raised over $1200 to fund the first summer youth program to be offered at the Apple Village community center.

In working with the children's groups, the structure, activities and dialogue evolved in a seemingly natural sequence. While each age group required some modification in design, the project was organized in the following phases:

- Phase One. Introductions and climate-setting exercises. Presentation of purpose and rules of the groups. Permission and support for discussion of murder and its aftermath established. Animated open dialogue, high degree of sharing thoughts and feelings. (Note: for the youngest group, parents were asked to attend the first meeting, validating the group leaders and creating an atmosphere of safety for the children).
- Phase Two. Team-building and trust exercises. Review of past sessions, continued open dialogue and discussion of media reports, rumors, parents' reactions, etc. Goal-setting and expectations.
- Phase Three. Introduction of child assault prevention curriculum. Role plays, self-defense demonstration. Continued review and discussion of climate within neighborhood.
- Phase Four. Defining the neighborhood via art activities (newsprint, crayons, group mural). Awareness exercises. Continued review and dialogue. Initial discussion of termination plans.
- Phase Five. Self-image and self-esteem exercises. Review of project and informal evaluation by participants. Dialogue around perceptions and change. Design of logo and motto for Apple Village children (used for tee shirts for participants to mark the end of the project). Update on future activities via parents and youth program. Education around upcoming trial and potential "trigger" events. Termination.

In the course of the group work, several individuals requested referrals for therapy and were successfully linked with services. In addition to providing clinical services, the Team Leader also acted as liaison between the District Attorney's office and the residents and management staff at Apple Village during the preparation for the trial. As a result of Project RAP's involvement with the neighborhood, the agency received a number of requests for information and referral long after the project had ended. While there was not sufficient time to create a formal means of evaluating the effectiveness of the project, there were marked improvements in participants' attitudes, sense of safety and interaction with their neighborhood. Feedback from parents, children and management staff indicate that the project was well-received and that the agency continues to be viewed as a valuable resource to the residents who were involved.

For the staff members who were a part of the clinical team, the project was both rewarding and enlightening. It is important to note that the team approach provided necessary support and ongoing evaluation among team members, and that the process of working with a neighborhood model was often time-consuming and emotionally draining for group leaders. Meeting together weekly as a team to review group sessions and plan for future activities allowed for an added dimension of creativity and renewed energy.

In the months following the end of the Apple Village Project, agency staff have reviewed and analyzed the many facets of the program, and have drawn the following general conclusions:

- Violent crime affects not only the victim, but a broad range of individuals and groups associated in some way with the victim - see "Circle of Impact" diagram attached. Traditionally, services have been offered to the victim and the immediate family. In extreme cases, such as homicide, there have been random attempts to provide some kind of service on a community level, usually within the setting of schools, churches, etc. As a result of the Apple Village incident, it was felt that the neighborhood itself took on the characteristics of victimization. In this case, the experimental model of neighborhood intervention - victim counseling for natural groupings within the neighborhood - created an atmosphere and structure in which residents could work together towards recovery in the aftermath of the crime.

- In creating the project, the clinical team attempted to gather existing resource materials and strategies from a variety of sources: local victim witness programs, child assault prevention centers, clinical psychologists, etc. While much has been written about the effects of violent crime on the victim and immediate family, there appeared to be little in the areas of neighborhood and community reactions. In talking to other victim service providers, there was a universal sense that these areas require research, evaluation and support.

- In terms of formally evaluating this specific project, the clinical team was unable to find an evaluation tool that could be utilized within the time constraints of the participants' needs. Services were already being provided at the point that evaluation was raised as a possible research mechanism. Optimally, an evaluation model could be designed in preparation for another project of this kind, prior to the actual request for services.

- Key factors in the success of the project involved the mobility, flexibility, and cost-free nature of the services provided. Future projects with similar goals should be funded by a source other than fee for service, and should be offered at a physical site within proximity to the neighborhood setting.

- Communication between service providers and neighborhood leaders must be established at the earliest possible opportunity; much of the work that was done in the Apple Village Project was suggested by the Team Leader and implemented by the residents themselves. Ongoing communication, extending beyond the end of the project, should be anticipated and encouraged. During the termination phase of the project, residents were assured that the agency would continue to be a resource to them if issues were to surface at a later time. During the trial, which occured seven months after the project had officially ended, the Team Leader had frequent contact with neighborhood leaders regarding the effects of the renewed media attention and the involvement of the witnesses.

In summary, it appears that the Apple Village Project may be unique in its design, incorporating the concept of neighborhood intervention with the agency's philosophy of self-help and mobile outreach. While all of the circumstances leading to the development of the project may never again be duplicated, there is sufficient reason to believe that components of the project may be applicable to similar situations. As an experiment in short-term crisis counseling outside the traditional agency structure, and as a model for building a neighborhood support system in the wake of a violent crime, Project RAP submits the project for future consideration by service providers and those involved in the victim assistance movement.

Submitted by:

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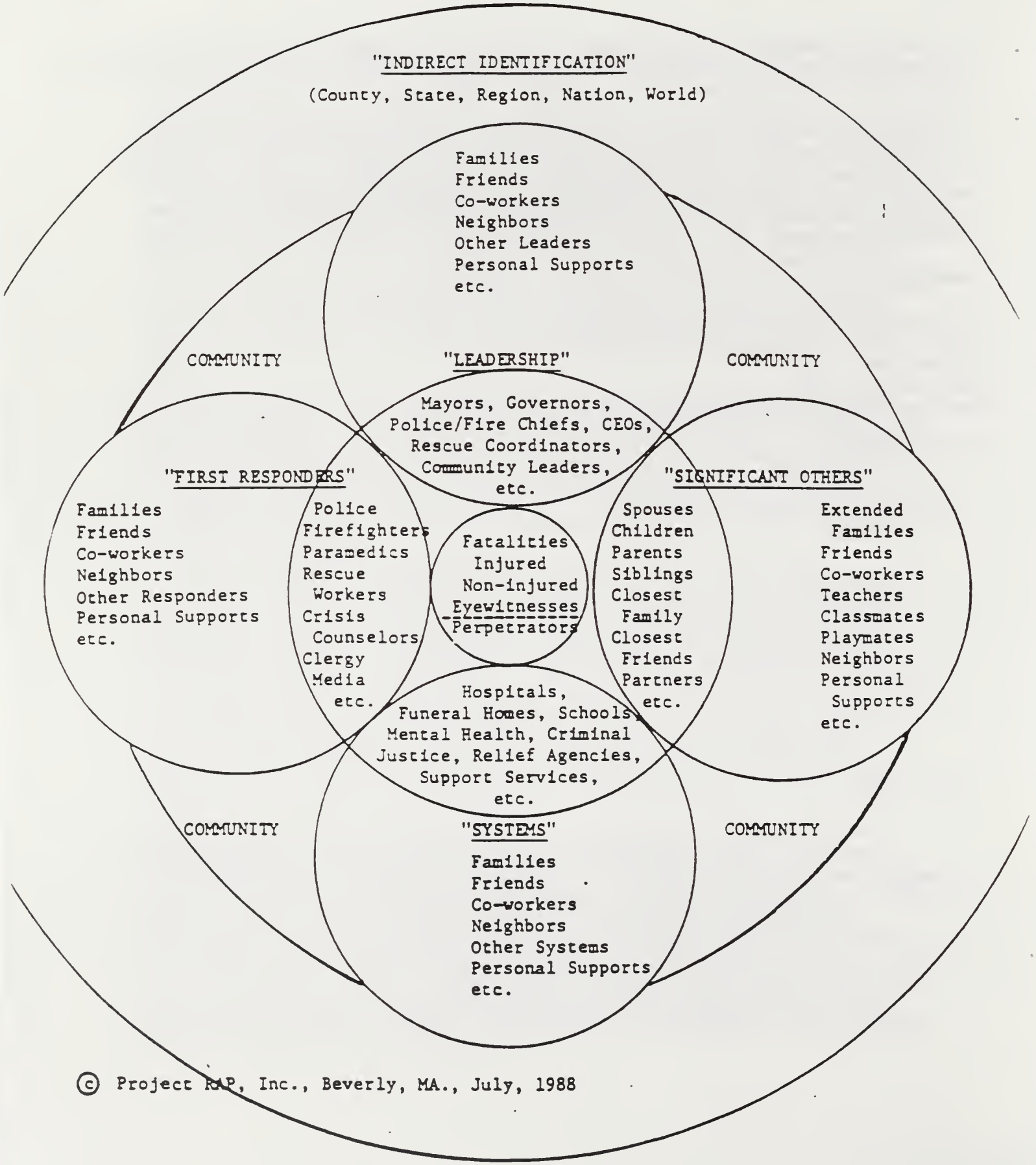
COMMUNITY TRAUMA - CIRCLES OF IMPACT



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"Victimization: a Common Bond"
Campaign for Victim Rights 1987

COMMUNITIES IN TRAUMA: THE AFTERMATH OF CATASTROPHE

Background The study of the effects of victimization has focused primarily on the trauma of the individual, and secondarily on the individual's loved ones. There has been minimal research on the vicarious effects of violence on whole communities or how to intervene effectively in community-wide traumas.

This lack of knowledge or specialized services was underscored on August 20, 1986, when 14 postal employees were killed in Edmond, Oklahoma, in a suicidal massacre that left the community in shock. Michael C. Turpen, then the state's Attorney General, called NOVA to ask for help, and within a day NOVA was able to fly into Oklahoma a six-person team to help the community's caregivers mobilize a response to the crisis. Based on the positive reports about that crisis response team, NOVA has mobilized other teams of volunteers to help in several other such crises.

Though not yet a formal service of NOVA, much less a funded one, NOVA staff and volunteers have worked hard to learn from their experiences. These are some of their basic lessons:

1. Here, a "community" should be thought of not as a geographic entity but one or more affected groups of people having certain commonalities -- an employment community, a school community, a faith community, or even a community of random acquaintances such as passengers on an airplane or train. Thus, crisis intervention can often start with group meetings, borrowing "critical incident debriefing" techniques used with emergency service workers.

2. Community traumas are like individual traumas, though they may be more confusing because of the different individual responses within the groups. Thus, shock may be prolonged as victims are upset not only at the event itself but also at the evidence of shock in others around them. The confusing turmoil of emotions victim counselors often see in families, with members reacting in different ways, can now be be seen grating not only on families but on neighborshoods and other affected communities.

After the 1987 Amtrak train crash outside Baltimore, different neighbors along the track had different reactions: some sad, others angry, or frightened, or helpless, or numb, or euphoric. Told that all were normal if intense reactions, they began to be more tolerant of themselves and one another.

3. Communities in crisis suffer similar "second assaults" as do individual

National Organization for Victim Assistance
717 D Street, NW, Washington, DC 20004
202-393-6682 24 hour crisis response

victims, but the experience may be more intense. Most such tragedies attract reporters in droves, some of whom act boorishly. Worse, the media replay the grotesque reminders of the trauma for days. Example: the re-run footage of human carnage after a mid-air crash of two planes near Salt Lake City in 1987.

The magnitude of the crisis may cause one victim's distress to be trivialized. After the Mount St. Helens eruption in 1980, a survivor lamented that her friends told her that her nightmares were ridiculous. Since she had managed to escape, they couldn't understand why she was upset.

The trauma will cause community-wide disruptions, and some will prove tolerant of an individual's needs, others not. The morning after the post office shootings in Edmond, all the letter carriers were back in the building, at work. Though that may have proved therapeutic, that was not true of a later order to these workers -- all of whom had faced death and seen friends die -- to not make personal calls or discuss the massacre during work hours.

4. While survivors will indeed survive, the catastrophe will leave residual stress in its victims; all are at risk of having old horrors triggered by new crises, and many are at risk of experiencing long-term stress reactions.

5. Even when trained crisis workers live in the affected community, many may themselves be immobilzed with shock at first. Outside intervenors may be necessary to help the natural community helpers through the initial shock.

6. Additional trama may be created by false or exaggerated rumors that tell of events more horrible or grisly than actually happened.

Recommendations: Every community should have trained crisis intervenors to work with victims of crime -- and to help conduct "debriefings" and other services after large and small disasters. These plus other caregivers -- mental health workers, the clergy, police psychologists, etc. -- should take the lead in responding to disaster, even if they use outsiders to give them a on-the-spot training or to run a group debriefing as a "model". Community disaster plans should incorporate techniques to respond to the victims' emotional injuries. Most important of these is training of emergency service staff, like police officers, fire fighters, and Red Cross volunteers, in how to administer "emotional first aid" -- both in helping with injured or stunned survivors and in coping with their own vicarious traumas.

NOVA will send a crisis response team to any community in crisis within twenty-four hour of a request. Reimbursement of travel costs is appreciated if the community can afford it, but is never a requirement.

Resources:

Lawrence H. Bergmann, Ph.D., Counseling & Readjustment Services, 914 Richland Street, Suite A-102, Columbia, South Carolina 29201
Michael R. Mantell, Ph.D., San Diego Police Department, San Diego, California
Tom Williams, Ph.D., Post-Trauma Treatment Center, 12361 East Cornell Avenue, Aurora, Colorado 80014

To learn more about the Community Crisis Response Project, or to request the help of a crisis team, write NOVA or call our 24-four hour number: (202) 393-6682

Boston Globe Magazine, 1/20/91

DEATH at an early age

At the Jeremiah E. Burke High School, students help their peers cope with the tragic results of urban violence

By Lini S. Kadaba

Tameka Whitlow, 16, understands heartache. Someone from her Dorchester neighborhood shot her 20-year-old half brother, Jaymes Merchant, in the face. She says the teen-ager shot him because Merchant talked back to the boy and his group of friends after they had teased her. It was a silly argument, and now a bullet has settled the score.

"I don't know what to do," says Whitlow, an 11th grader. She attends her classes at the Jeremiah E. Burke High School in Dorchester, because she needs to get away from her house, where everything reminds her of Jaymes, and because she needs the comfort of routine.

There, people her own age and from her own neighborhood — members of the Burke Teen Grief Support Group — listen to her. She tells them she is angry and scared and confused. She says all she can think about is Jaymes, lying in the hospital in critical condition with a bullet fragment in his brain, and that somehow, because she was right there, all of it is her fault. "If he hadn't been sticking up for me," she says, "if I hadn't been outside as much, this wouldn't have happened."

Over several days the support group guides Whitlow toward what counselors call "healthy grief," a means of coping with the serious injury or sudden death of a young person. Left alone, a grieving adolescent such as Whitlow might withdraw and stop caring about school. The next phase might be anger and defiance. Then she might try to get even, and someone else might wind up dead. Or she might sink into a deep depression and consider suicide. The cycle of violence, of tit-for-tat revenge, might never end.

There were a record 148 murders in Boston in 1990, many of them committed by and against teen-agers. In such violent times, Whitlow and other young survivors need, more than ever, a way to manage their grief and carry on with their lives.

It has come to this: Schools, especially those such as the Burke, located amid the worst of urban violence, must provide counseling on grief for their students, just as they provide counseling on teenage pregnancy or drug abuse. The Burke's model Teen Grief Support Group, begun three years ago, is the first program of its kind in the state and is believed to be the first in the country, according to health educators. But as the violence escalates, they expect other urban school districts to follow the Burke's lead.

"It's a shame they have to discuss these issues at a young age, when it's supposed to be the best years of their lives," says Joan Burke, a nurse and health-education consultant at Boston University, who helped set up the school's program. "But there's a lot of fear and anger and resentment, and they have to have a place to vent those feelings."

IN THE 1987-88 SCHOOL YEAR, SEVEN JEREMIAH E. BURKE High School students died. Willie O'Neal was killed for his sneakers. Ephraim Salgado died when a gun he was playing with misfired. Benjamin Douglas was shot in a gang street fight. And then a popular business teacher, Edward McElroy, died after suffering a heart attack.

Students faced a startling reality. Young people could die. Adults could die. Good people could die. "Kids have a real sense of immortality," says Leslie Beale, a Boston University specialist in grief education. "Then all of a sudden a best friend dies, and they confront their own mortality. It's very dangerous to ignore."

After the third death, Patricia Burton, the nurse at the Burke, sought support for surviving friends. Quinton Wilkins Jr., coordinator of adolescent outreach education at the Whittier Street Neighborhood Health Center, in Roxbury, gave a workshop at the Burke on coping with the loss of a friend. A group of 12 students, all still reeling from the eight deaths, signed up. "At first, all they wanted to do was get even," Burton says. "Then they learned how to deal with it in other ways, rather than striking back."

Members of the Burke's first grief support group first met in March 1988 and then regularly after that, sharing their sorrow, their anger, and their resentment, but mostly their fear. "It helped me get over the hurt," says Burke graduate Dale Franklin, a friend of Willie O'Neal and a member of the first group.

By the fall of 1988, four more Burke students had died. And the citywide toll continued to climb. According to a Boston police report

Lini S. Kadaba is a free-lance writer who lives in Boston.

on homicides, the number of juvenile murder victims jumped 133 percent, from 6 to 14, during the first nine months of 1990, compared with the same period in 1989. The report also found that the number of juvenile offenders in that time doubled from 7 in 1989 to 14 in 1990.

Wilkins designed a 12-week curriculum aimed at teaching students to value life and understand that real people die. "This is not just a Nintendo game," he says. At the same time, he encouraged the students to "get on with life" and not let fear immobilize them. The 12 students and Wilkins covered topics such as the stages of grief, funeral etiquette (meaning what to expect at a service and what kind of behavior is appropriate), and stress management. Eventually, the support group evolved into peer counseling.

"We tell these kids, 'We're not trying to make you an expert. We just want you to learn some skills that will make you a source of strength for yourself and to help someone else,'" says Wilkins.

Last year, Yolanda Carter, 17, a popular student at Dorchester High School, was caught in a street fight and fatally stabbed. Her death stunned her friends at the Burke. "It was utter chaos," recalls Burton, the Burke's nurse. "Kids crying and screaming, a lot of hysteria." Burton and two grief counselors talked with small groups of students. "In this instance, the peer counselors truly understood the anguish and sadness and pain," she says. "They loved her, too. It was amazing to see the kids working with other kids and to see someone hysterical, hyperventilating, to just get a calmness about the spirit."

The peer counselor is a good listener, says Joan Burke, the nurse and educator at BU. "Peer leadership is very successful in other areas — drug education and AIDS education. Kids will talk to kids better than to an adult on some of these critical issues."

On this Thursday morning, nine peer counselors squeeze around a conference table in a room adjoining the nurse's office at the Burke. "They think Tameka's brother might be paralyzed," Patricia Burton says. "I just told her that we'd pray for her. ... She's going through a lot of things, a lot of grief and anger, even though he hasn't died, because she feels she's at fault. So keep that in mind."

One of the peer counselors, Juanique Watson, 17, lives two blocks away from Whitlow, and she says she heard the gunshots. All of them know teen-agers who have died. Seven of the nine have attended at least one funeral of a friend or relative; some as many as five. Now, each of them, trained last year, will offer a word of comfort to Whitlow, and if she wants to talk, any of them will listen.

Later, Whitlow visits Burton in her office because she can't concentrate on her schoolwork. They talk briefly, and then Burton asks peer counselor Wanda Davis, 18, who knows Jaymes Merchant, to come into the office. Burton soon leaves the two of them together. They discuss Whitlow's jumble of emotions, her guilt and sorrow and emptiness.

From her training, Davis knows that someone who is grieving could get into serious trouble. Sandra S. Fox, the late director of the Good Grief Program, a crisis intervention team in Boston, has called friends of children who are "indirect victims," open to emotional and behavioral upsets after a death. Fox, who died last month, was much respected for her work in the field of grief education. In a study titled "Grief Relief: Helping Children and Adolescents When a Friend Dies," she wrote, "The death of a friend is a crisis — a danger and an opportunity for surviving children. The danger is that these survivors will be emotionally overwhelmed by the death. The opportunity, however, comes in the possibility of mastering the crisis and emerging with new psychological strength."

At the Burke, one student in a grief support group considered suicide after a friend's accidental death rekindled some unresolved issues surrounding his own father's death years before. The support group gave him a chance to express his feelings, and the adult counselors directed him toward professional help.

In Whitlow's case, Davis reassures her, using simple language to remind her that Jaymes' injury was not her fault. "What do you think you could do for him?" Davis asks.

"I'm not sure," Whitlow says, clasping and unclasping her hands in her lap.

"Keep praying and make sure you're there for him," Davis says, remembering from her training to offer concrete advice rather than trite phrases. "He knows that you do love him." She also gives Whitlow her home telephone number.

Even though the two talk for only a few minutes, it makes all the difference to Whitlow. "It made me feel a lot better, knowing someone was there for me," she says later. "She showed me that it's better to let it out ... so if there are any more hard times, you can go through them together."

For the next couple of days, Whitlow talks with Davis and another peer counselor, Jadira Lopez, who is 16. They talk between classes or at lunch, exchanging mostly words of comfort or a hug.

The condition of Whitlow's brother worsens. Over the weekend, he dies. According to the police tally of murders last year, Jaymes Merchant is victim No. 118.

Now, the peer counselors know that Whitlow desperately needs someone to listen. Davis makes a point of finding Whitlow and telling her that Davis is there for her, and Whitlow welcomes it. After several days, the two are able to talk about their good memories of Jaymes.

At lunch one day, Davis sees Whitlow and asks how she's doing.

"I'm making it, day by day," says Whitlow.

The Burke's grief program is the first school-based effort to combine grief support groups and peer counseling with the focus on the sudden death of young people, according to Leslie Beale, the BU specialist in grief education. Until now, "The whole concept of grief and dying has been over losing a loved one," she says. "Nobody else really looks at the emotional impact of the loss of a friend."

When an older relative dies, the cause is usually illness, and survivors usually have a chance to prepare themselves, health counselors say. They often receive support from family and friends, and they accept the death more easily. But when a young person dies suddenly, that chance to say goodbye is lost. "Usually most of these kids die violently," Beale says. "The kid was healthy one day and gone the next."

Also, murder victims may come under scrutiny from the police, courts, and media. Society often stigmatizes the victim and the survivors, and emotional support and sympathy for survivors are often lacking. In some cases, no arrest is made. All of this increases the stress on survivors and hinders the process of coping with the loss, counselors say. Some survivors experience nightmares, depression, insomnia — all symptoms similar to those of the post-traumatic stress syndrome often associated with Vietnam veterans and the horrors of war.

"Kids need support," says Albert Holland, the school's principal. "So it takes them through not just one day but a period of time until they accept the reality of life — that tragedies happen all around us."

At the Burke, that process begins in Room 220. There, the grief support group — which several weeks ago consisted of eight students, Burton, Wilkins, and three graduate student visitors — gathers in a circle most Tuesday mornings. They will be the next generation of peer counselors, who have come to share their own grief first, and then learn how to help others.

On this day, Wilkins leads the discussion with handouts that describe survivors' feelings following a murder. "The first stage is numbness," he says. The second stage is a transition phase, despair. Reality of death sets in, distrust of people and systems, loss of faith in the order of society and government, rage and guilt. The third stage is reorganization, dealing with unfinished business.

"This is where all of you come in," Wilkins says, looking around the circle. Eventually, the students will role-play, learning to counsel in various situations and preparing for visits to middle and elementary schools. Now, however, they focus on themselves. "In order to help other people with their grief, you have to deal with your own feelings," he says. "The murdered loved one can't be replaced, but you can reorganize your life."

All of the students here say they discuss death comfortably in their families because it occurs so frequently. "Death is something to expect," says Natasha Dubarry, 17. One student says his cousin died last week. "Sorry to hear that," Wilkins says. "Anything you want to share?" The student shrugs and bows his head. He isn't ready yet, and Wilkins doesn't force it.

Another student, Nicene Francis, 18, has lost three friends in two years and joined the support group because, she says, she felt she had to talk with someone.

Sooner or later, some of the sixth graders in Mrs. Brown's class at the Dearborn Middle School, in Roxbury, will face the death of a friend. Sooner or later, the violence on their streets will catch up with them.

"They see a lot," says Rebecca G. Brown. Even though a classmate hasn't died, her students know about violence and heartache. Eight out of 12 remember a relative or friend who has died. Says one student from Roxbury, "It happens all the time around where I live." Five of them say death is violent. When asked about death, one student draws a picture of a gunman shooting the cartoon character Bart Simpson.

When the Burke peer counselors volunteered to visit her class, Brown welcomed the opportunity. "They need to see this is serious business, and it can happen to them," she says

of her students. During the visit, three peer counselors discuss the deaths of pets, relatives, and friends with the sixth graders. Health educators call this a "proactive" response to violence. Rather than waiting for tragedy and then responding to crisis, the peer counselors teach youngsters skills to cope with the future.

Peer counselor Yolanda Peoples, 18, writes a question on the blackboard: "What does death mean to you?" Some of the students squirm in their seats. Sensing discomfort with the topic, the counselors start out with some suggestions.

Then, one by one, the children offer their own words: Scary. Crying. Hurting. Mad. Pain. Deep sleep.

In just those few words, Burton and the peer counselors see a lot of openings for discussion. They probe deeper.

"Who feels it's okay to cry?" asks Jauceim Fenelus, 16. Many of the students raise their hands.

Burton carefully selected the counselors for this session, making sure to include Fenelus because many of the students come from single-parent homes, and a male counselor is a good role model.

"How about the boys?" Yolanda asks. "Do you feel it's not cool for a boy to cry?"

The boys in the class shout, "Yeah!" Crying isn't cool.

Antonio Cardoso, 12, says, "I've never seen a man cry." The other boys agree. Instead, they say, boys should seek revenge.

"In my opinion, you're not a man yet until you cry," says Fenelus. "It's okay to cry when somebody dies. You don't always have to be macho."

They explore another phrase on the blackboard: deep sleep. "Is that what someone said to you?" peer counselor Amy Adams, 16, asks Antonio. He nods.

"That's okay," Burton interjects. She makes sure not to pass judgment on the boy's concept of death. "Parents say, 'Oh, she's in a deep sleep.' What does a deep sleep mean to you? A deep sleep means to me that you're waking up and coming back."

They talk about other euphemisms for death. Finally, they explore the word "scary." "Are you afraid of death?" Peoples asks one girl. She nods vigorously. "I'm petrified of death, too," Peoples says, "but I am willing to deal with it."

Grief support is in high demand. Counselors say children as young as 5 draw pictures of drive-by shootings and mothers weeping over dead babies. Some eighth graders refuse to play outside, worried a stray bullet will find them. As the recent stabbing at Boston High shows, kids aren't safe even inside school walls. Teen-agers carry weapons just to survive, and many young black and Hispanic men doubt they'll live to be 30.

In all the craziness, the Burke counselors impart a simple message: It's okay to grieve. Since September, Patricia Burton has applied for several grants to fund additional training for students. This month, the peer counselors plan to offer a workshop for the Burke staff, and they will start to visit more schools.

Peer counselors can't take away the hurt, but they can show other students a way to go on. They offer choices and stability and understanding. "Sometimes we underestimate young people," says Burke principal Albert Holland, "in terms of their knowledge, their compassion, and their ability to reach out and help one another."

On a recent day, a few weeks after Jaymes Merchant died, Whitlow says, "Everything I did revolved around him." She still hurts, but at such times, she talks with Wanda Davis or Jadira Lopez. Then, she says, she feels a lot better. "They showed me that even though you lost someone, there's someone else always there for you." •

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Psychological First Aid and Treatment Approach to Children Exposed to Community Violence: Research Implications

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This paper discusses research findings and their implications regarding children's responses to community violence. It outlines (1) theory and findings, (2) early intervention and psychological first aid, and (3) treatment approaches following a violent event. In each section we discuss post-traumatic stress, grief, worry about a significant other, and experience with previous trauma. Detailed steps for psychological first aid are outlined according to age and grade level. Intervention strategies are proposed for each category of response with designed interventions for the classroom, the family, the individual, and the group.

KEY WORDS: child victims; trauma; victims of violence; PTSD; symptom criteria, psychological first aid; post-trauma violence response.

INTRODUCTION

In response to the "epidemic of violence" (West, 1984) in the United States, the Child Division of the UCLA Neuropsychiatric Institute and Hospital has established a prevention intervention, research and clinical program for children exposed to violence, trauma, or sudden bereavement. We have responded to requests for assistance from a number of communities, both locally and nationally, after extreme acts of violence. These include a sniper attack on an elementary school playground, a hostage taking and bombing at an elementary school, shootings at two churches, and restaurant and shopping center murders. The UCLA program has also treated scores of children who have witnessed homicides, rapes, or suicidal behaviors.

A community is disturbed in a unique fashion by the occurrence of unexpected violence. Fears of recurrence, ongoing concerns about security, anger, and preoccupations with revenge may severely alter community as well as individual and family functioning (Frederick, 1985). We have focused our investigations on the psychological impact of the violence on school-age children. In the first section of this paper, we summarize our understanding of characteristic reactions of children exposed to violence, including post-traumatic stress, grief, and concerns about the safety of others. The second part includes a proposed program of early intervention and psychological first aid in a school setting. And, finally, as a result of our research findings to date, we formulate a detailed method of clinical screening and approach to treatment.

RESPONSE TO VIOLENCE: THEORY AND CLINICAL FINDINGS

Our initial studies employed clinical descriptive methods to identify developmental issues and early coping processes in children's responses to violence. These findings have primarily helped to formulate a method of psychological first aid. The descriptive clinical approach is limiting. With the recent use of more systematic data collection, we have been able to distinguish categories of responses, to measure their severity, and to investigate their etiology. These findings, in turn, have allowed us to formulate more specific hypotheses regarding the role of social supports and to outline structured interventions that can be tested for efficacy in future studies.

We now employ three self-report inventories—a Post-Traumatic Stress Reaction Index designed by Frederick (1985) and revised for school age children by Frederick and Pynoos, a rudimentary child inventory of grief (Pynoos et al., 1988), and the Child DICA (Diagnostic Inventory for Children and Adolescents). In addition, to ensure systematic parent and teacher reports of post-trauma child reactions, we employ a specially designed parent's questionnaire, child life event schedule, child behavior checklists for parents and teachers, and the Parent DICA.

Initial individual consultation with a child includes a specialized semi-structured interview (Pynoos and Eth, 1986b) for which a manual and training film are in preparation. Transcript of audio or video recorded interviews have permitted the analysis of childhood recall and memory formation and the description of symptoms. A neurophysiology evaluation, primarily to test acoustic startle response and sleep dysfunction, has recently been added.

PTSD, Life Threat, and Children

The use of the PTSD Reaction Index has permitted us to sample children for acute and chronic reactions in response to various forms of violence, and to make comparisons among children with different degrees of exposure. Our findings provide strong evidence that acute post-traumatic stress symptoms result from violent life threat, and that severity is related to the extent of exposure to the threat or the witnessing of injury or death (Pynoos *et al.*, 1987).

The Reaction Index incorporates items related to all of the symptoms listed in DSM III under each of the four diagnostic criteria for Posttraumatic Stress Disorder. The following is a summary of what we have learned about each symptom of PTSD in school-age children.

Criterion One: Identify an Event as Likely To Evoke Significant Distress in Almost Anyone

Other investigators have been studying the capacity of children to report what they consider to be the stressful events in their lives (Yamamoto, 1979). We have found that school-age children not only can report on their own distress following these violent incidents but also are able to imagine that the life threat would be extremely upsetting to most other children as well. Spontaneous comments such as "You just don't shoot at children!"; "It's something nobody would ever forget"; and "It was the most awful day of my life!" were ways in which children indicated their own recognition of the traumatic impact of the events.

Criterion Two: Reexperiencing the Trauma

As in adults (Brett and Ostroff, 1985), the symptom of intrusive imagery or sound is central to children's post-trauma reactions to violence. In response to some environmental stimuli, a few school age children have reported a full reexperiencing of the violent incident. However, most children typically do not give an adult-like description of a flashback. They are more likely to describe the disturbing intrusion of a specific vivid image or sound related to the violence or its aftermath. Children who witness injury to others and hear their cries for help appear to be especially vulnerable.

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Traumatic dreams are a common form of reexperiencing the violence. e have found that children's dreams incorporate direct reenactment of the ecific violence and/or depict fears of recurrences of other forms of vio- nce or life threat. The extent of each often depends on the degree of ex- sure. Children directly in the line of fire most frequently reported mediate dreams of an actual recurrence in which they were again under rect fire or witnessing injury to another. The action was often vivid, with tle elaboration, and accompanied by a strong feeling of life threat. The eams of less exposed children, in contrast, more commonly manifested neral fears of recurrence, without necessarily a direct image of their own e threat.

Kramer *et al.* (1984) have suggested that disturbing traumatic dreams n continually reinforce the disorder's persistence. Children may find it par- ularly difficult to contend with this form of renewed traumatic anxiety. ar of dream recurrence can cause children to be afraid to sleep alone and n contribute to the often reported chronic need after trauma to sleep with parent or sibling.

The nature of the relationship between traumatic play and intrusive im- ery needs further investigation. With time, intrusive imagery or sound may come incorporated into the child's play and the self-report of intrusive im- ery may be lessened. Therefore, the clinical observation of persistent trau- atic play may become more important. The repetition of traumatic themes play has been reported to be a chronic sign that children are reexperienc- g a trauma (Terr, 1981).

Criterion Three: Numbing of Responsiveness or Reduced Involvement with the External World as Shown by Diminished Interest in Significant Activities, Feelings of Detachment, or Estrangement from Others or Constricted Affect

Clinical descriptive studies have been inconsistent in reporting numb- g of responsiveness or reduced involvement with the external world in chil- ren's post-trauma reactions. One difficulty is that school age children may ot make general statements about their emotional state. It is therefore easy underestimate the presence of this particular symptom in children. For xample, Terr (1979) observed that children do not usually describe feeling umb.

After extreme life threat, children have described specific complaints hat reflect a constricted affect, estrangement, or reduced interests. They have omplained of one or more of the following: (1) a lessened interest in play r other usually enjoyable activities; (2) feeling more distant from their par- nts or friends and/or more alone with their feelings; and (3) not wishing

to be aware of their feelings. Based on parental reports, researchers have described an increase in anxious attachment behavior as a frequent child- hood response to catastrophic events such as parental death (Elizur and Kaff- man, 1982). We have also observed this increase in attachment behavior. However, children described that while seeking comfort from their parents, they often felt distant and emotionally isolated when intrusive phenomena occurred.

Affect avoidance and reduced affect tolerance have been observed to be a key traumatic sequelae for adults (Kardiner, 1941; Horowitz, 1976; Krystal, 1978). Horowitz (1976) and other adult investigators (Van der Kolk and Ducey, 1984) have concluded that gaining affective tolerance to intru- sive imagery or traumatic reminders is critical to successful recovery from PTSD. Because of children's ego immaturity, they may have special difficulty tolerating intense affect. The persistence of traumatic play is a good exam- ple of how the associated affect can be kept in check.

Criterion Four: Incident-Specific New Symptoms and Behaviors

Children report a wide variety of symptoms and new behaviors after experiencing a violent event. They report many examples classified as in- creased states of arousal including startle responses, jumpiness and nervous- ness, and sleep disturbances. Children have also exhibited avoidance of traumatic reminders, memory impairment, and guilt.

After exposure to unexpected gunfire, startle reactions seem to be an especially persistent symptom. After shootings, teachers have observed chil- dren to startle at loud noises (e.g., the static in an auditorium microphone, or loud class recitation of flash cards), and children have reported being dis- turbed by their continued startle reactions (e.g., to fireworks on July 4th or the drum roll during an Easter parade).

The relationship of new avoidant behavior and recurrent anxiety to specific traumatic reminders is as prominent in children as in adults. Children may differ only in responding relatively more to concrete rather than to sym- bolic reminders. For example, at the school where a sniper attack occured, children identified a number of specific locations that they avoided includ- ing the sniper's house, the monkey bars where two children were shot, the area of the playground under gunfire, or the spot where the dead girl's body had been visible.

More highly exposed children reported avoiding a greater number of locations or other reminders. They were often troubled by the disruptive ef- fect of this symptom on their lives. The outcome of these new behavior and their relationship to more generalized phobic behavior or constrictions in cognition and daily activities is an important area for future investigation.

Concrete reminders unrelated to the physical site may also trigger avoidant behavior or traumatic anxiety. Seeing any potential weapon, from a kitchen knife to a father's bow and arrow in the attic, have evoked fears of renewed violence. Seeing blood again, for example, when the child or a rela- tive suffers a minor cut, has frequently acted as a traumatic stimulus. Fol- lowing one of the church shootings, many children reported increased anxieties whenever the Lord's Prayer was recited or when their parents took communion because these were associated in their minds with the moments before the murders.

Of special note is the number of children and their parents who have described that television violence operated as a traumatic reminder. Chil- dren became visibly upset or even left the room when a violent scene or death was depicted. This chronic latency of PTSD symptoms in children has been demonstrated by Kristal (1982). Two years after terrorist bombings, exposed children, in contrast to nonexposed controls, evidenced significant anxiety in watching a film depicting a similar incident.

The majority of children who experienced direct life threat or who wit- nessed injury reported acute trouble concentrating in school. Both intrusive imagery and lack of sleep can interfere with concentration and performance. On the other hand, a few children from each incident we studied improved their efforts in school. They were invariably from the most exposed group.

Because of these clinical findings, we have begun to investigate the role of physiological markers as indicators of increased states of arousal. These include: (1) testing of acoustic startle reactions (Davis, 1983), (2) monitor- ing of autonomic response to traumatic reminders (Foy *et al.*, 1984), and (3) polysomnography (Fisher *et al.*, 1973).

We have found that the presence of two symptoms, fear of recurrence and guilt, were statistically independent of the degree of exposure. Because of the special nature of these responses, we have addressed them individually.

Fear of Recurrence

Fear of recurrence affects the whole community regardless of level of exposure to the event. In our school sample, children in all exposure groups were convinced that the threat was not over even after the single sniper was dead. Equal numbers of children in all exposure groups feared that a second assailant had escaped and would return to shoot at them again.

What is described as the "ripple effect" of anxiety (Black, 1982) or "symptom contagion" among groups of children (Terr, 1985) or between parent and child (Block *et al.*, 1956) following a traumatic event may be de- rived from this commonplace fear of recurrence. Identifying and addressing the most common rumors, misconceptions, and fears for all members of the community can help minimize the spread of this anxiety. The incidence of

these widespread concerns supports the advocacy of community consultation, school classroom discussions, and parental counselling within the affected community at large (Ayalon, 1983). For example, a specific classroom intervention strategy was demonstrated to reduce children's fear of recurrence in the aftermath of the Italian earthquakes (Galente and Foa, 1986)

As some previous studies have found (Ziv *et al.*, 1974) anxiety scales do not always identify differences among exposure groups. One reason may be that these scales measure the presence of fear of recurrence. Their use alone, without further examination, may lead to an overestimation of the impact among most children and inadequate identification of those children who experience severe post-traumatic stress reactions. As discussed, we have found the central post-traumatic stress symptoms, intrusive phenomena and emotional constriction, to be correlated with exposure.

Guilt

The circumstances of community violence can easily evoke immediate or delayed feelings of guilt over survival, failure to intervene, or protective actions taken on one's own behalf. We also isolate this factor from PTSD because we found its presence in children to be independent of exposure. Statistically, in the sniper attack study, the presence of guilt was associated with a severe post-trauma reaction.

These school-age children initially reported feelings of guilt only if they had a concrete experience of being unable to aid a dead or injured victim; they continued to be disturbed by having heard a wounded person's cry for help, or having watched someone bleed to death. Children not on site felt intensely guilty when they felt some specific action of theirs increased the threat to others. For example, one sixth grade boy felt culpable because before the sniper attack at the school he had sent his younger brother to pick up their cousin, and the two of them were then pinned under gunfire on the playground.

Loss and Grief Reactions

Violent incidents often lead to death. In addition to understanding the post-traumatic stress reactions of children, investigation of these events naturally leads us to examine the grief process. In a follow-up study of elementary school children 1 year after the sniper attack on their school playground, we developed a nine item inventory of grief reactions to gather detailed information about the type, frequency, and specificity of grief as experienced by school age children (Pynoos *et al.*, 1987).

Data were collected on a stratified random sample of 262 children There were significant linear trends for each grief response: the greater the acquaintance with the one deceased schoolmate the more likelihood of having each

grief reaction. Our results suggest that instruments analogous to the Texas Inventory of Grief (Faschingbauer *et al.*, 1977) can be developed for children, and can potentially provide standardized clinical measures.

Comparisons of the course of childhood grief with adult grief revealed a commonality between the two. In his study of the first year of bereavement, Parkes (1970) reported that grieving adults often attempted to disbelieve reality and search for the lost person, attempted reunions in dreams and fantasies, and experienced anger, pangs of emotional pain and tearfulness, sadness and depression, separation anxiety, and restlessness. The frequency of grief reactions endorsed by the children at one year underscored two points. First, that children respond similarly to adults in the nature and frequency of grief reactions, and second, that for children as well as adults, normal grieving is still ongoing even at 1 year.

School-age children have not usually acquired a level of ego maturity to permit them on their own to understand that illusionary experiences of the deceased correspond to efforts to find or reunite with the lost person. In these circumstances, children, even those with a sense of the finality of death, still experience these reactions as indicating the return of the dead or the appearance of an apparition or ghost. Several children who were close companions of the dead girl were extremely frightened to have dreams in which she came into their rooms and actually called them by name as if to beckon them to go with her.

Our clinical impression is that school-age children are confused, frightened, and disturbed by their normal grief reactions. While adults may more commonly share their grief experiences with others and seek reassurance, many children told us that they had never spoken to anyone about their grief reactions, and, indeed, endured them without sufficient support from family, teacher, or friend. The lack of a sustained manifestation of sadness may have led parents and teachers to be unappreciative of the nature and intensity of the children's grief reactions.

Our work has provided evidence that there is both an independence and an interplay between grief reactions and post-traumatic stress reactions in children (Eth and Pynoos, 1985). Instruments that do not make the discrimination between these two sets of phenomena, for instance, the Impact of Life Event Scale (Horowitz *et al.*, 1980), may lead to confounded clinical impressions. Both grief and post-traumatic stress reactions are similar in that they involve intrusive and avoidant phenomena. Children themselves were able to distinguish between the two, for instance, in their dream reports of recurrences of the sniper attack vs reunion with the dead girl.

Sudden, unexpected death is associated with a higher risk of pathological or persistent forms of grief in adults and results in a higher incidence of psychiatric and occupational morbidity (Lundin, 1984). As we have observed, "horror over the manner of death" (Burgess, 1975) after violent crimes

will interfere with ego oriented thought that is needed by the child to address the reality of the loss.

One year after the event, we compared the course of the post-traumatic stress and grief reactions of children exposed to mass violence. The post-traumatic stress reactions appeared to disappear sooner than the grief reactions in less exposed groups of children, whereas both remained high among those most exposed. Children appeared particularly vulnerable to the dual demands of trauma mastery and grief work. Our clinical impression is that efforts at relieving traumatic anxiety take psychological priority over mourning.

After a violent death, especially one witnessed by a school age child, attempts at trauma mastery can complicate the bereavement process and greatly increase the likelihood of pathological grief. Our findings underscore the importance of designing clinical intruments and services to evaluate both the post-traumatic stress and the grief responses of children exposed to a violent or catastrophic event. Intervention strategies are needed both for child witnesses and children who are the friends or acquaintances of those who are killed or injured.

Anxious attachment behavior and other new behaviors described in studies of young bereaved children may be, at times, behavioral manifestations of subjective grief responses. For example, children will anxiously cling to an adult for comfort after feeling they have seen the dead person again, or wish to sleep with a parent or sibling out of fear of seeing the deceased in their dreams. Clinically, it is important to distinguish behaviors in response to traumatic reminders of the violence from those associated with the loss.

Worry about Another: Specific Separation Anxiety Symptoms

Worry about the safety of a significant other during community violence is a source of extreme stress for children. This worry does not necessarily lead to an overall increase in reported post-traumatic stress symptoms. Rather, our follow-up data from the children's DICA suggested it can lead to isolated symptoms of separation anxiety specific to the person about whom they worried.

After the school and church shootings and the school hostage taking, children described in detail their concerns during the violence about the welfare of a parent, sibling, or close friend. The safe reunions were described as particularly intense emotional moments that remained vivid in their memories. Afterwards, children who had worried about a sibling secretly kept tabs on that sibling's whereabouts, did not want the sibling to go out alone, or openly panicked if that sibling was out of their sight. Several children continued to awaken at night and check to see if their parent or sibling was still alive and safe.

Irritability with, or even rejection of, another person may reflect the child's continued sense of insecurity about that relationship. Some children described the worry about a brother or sister as so painful that they avoided these intrusive memories by distancing themselves from this sibling. This can be one source of continued strife in a family after exposure to extreme life threat.

EARLY INTERVENTION AND PSYCHOLOGICAL FIRST AID: A PROPOSED PROGRAM

Triage and Risk Screening

In planning services in the immediate aftermath of an extreme act of violence, we suggest the following procedures for triage and risk screening of children:

1. By exposure: The number and type of PTSD symptoms have most often corresponded to a child's exposure to the violence. Identifying the degree of exposure, including proximity to the violence and witnessing of injury or death, is the first step in triage.

2. By other risk factors: Individual response can be intensified by the interaction of a number of other, non-exposure-related, factors. If individual

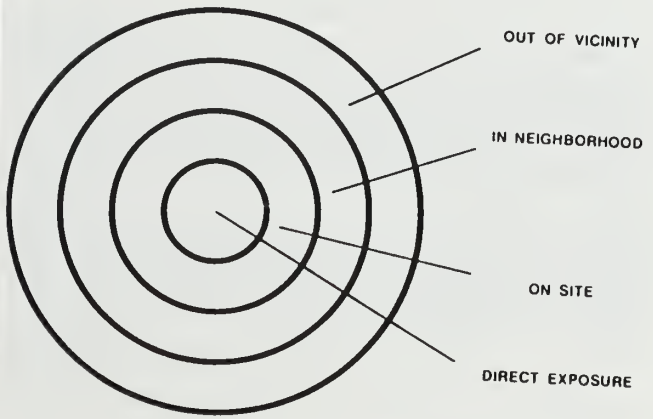

Fig. 1. Triage and Risk Screening by Exposure

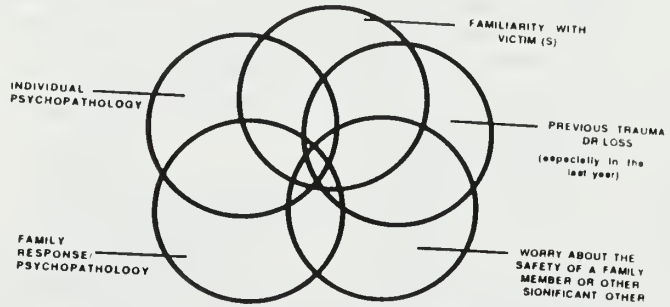
FAMILIARITY WITH VICTIM (S)
INDIVIDUAL PSYCHOPATHOLOGY
PREVIOUS TRAUMA OR LOSS
(especially in the last year)
FAMILY RESPONSE/ PSYCHOPATHOLOGY
WORRY ABOUT THE SAFETY OF A FAMILY MEMBER OR OTHER SIGNIFICANT OTHER

Fig. 2. Triage and Risk Screening by Other Factors

response is out of proportion to the degree of exposure, evaluation for additional risk factors is indicated.

Furthermore, effective screening procedures examine for the independence of trauma and grief and their interplay.

Child vs Parent Report

Child self-report is critical to successful early screening. As has frequently been reported (Burke, 1982), in the acute phase parents can be poor observers of their children's traumatic reactions. Parents may not always differentiate as well as children between symptom increase because of a previous life experience versus specific reactions to the current violent event. However, by 1 year, parents are more likely to report subsequent bothersome changes in their children's behaviors that remain unmentioned by the children.

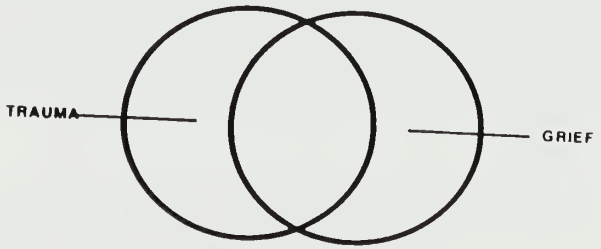

Fig. 3. Interaction of Trauma and Grief

Postviolence Trauma Response: A Developmental Model

After triaging children according to these exposure and risk factors, we recommend a four category approach for evaluation, monitoring, and intervention (Pynoos and Eth, 1986a): (1) Recognize those symptoms that directly arise out of the child's traumatic experience. (2) Delineate those early efforts by the child to master the anxiety or avoid its renewal, including efforts to assure himself or herself that the violence will not recur. (3) Examine the possible mediating influences that enhance or adversely affect trauma resolution, including factors intrinsic to the child as well as additional environmental stresses. (4) Anticipate that the demands of trauma mastery will have an impact on the child: Monitor that impact to determine whether it significantly influences current and future development by hindering normal progression or prematurely propelling the child into more mature roles. The child's capacity to cope with the distress and to contend with traumatic anxiety are also developmentally influenced (Eth and Pynoos, 1985) and this knowledge forms the basis for effective psychological first aid.

One of the subtle ways exposure to extreme violence may affect children is through traumatic influences on ongoing developmental processes. Exposure to violence can cause deleterious effects on cognition (Gardner, 1971), including memory, school performance, and learning. Significant alterations in personality are also reported, including both counterphobic and inhibitory features (Gislason and Call, 1982).

Further, children may develop radically new views about the safety and security of human relations as well as their own futures. Children may envision a foreshortened future adult life as Terr reported (Terr, 1979) or, as we have found, may feel a need to live in a fortressed environment and avoid intimate interpersonal relationships, including marriage. This change in future orientation may be one of the most significant markers of childhood trauma.

On Site Psychological First Aid

Liaison with Community Leaders

Whenever there is an occurrence of violence in a community, the critical step in implementing an effective program is establishing a direct, open, and mutually supportive relationship with the adult authorities in charge of the site where the violence occurred. Community leaders including church, school, and public officials will have to take on additional tasks outside their usual roles or activities, ones that for some are very uncomfortable. How they handle these additional functions can either ameliorate or worsen the situation.

We met extensively, for example, with managers of a McDonald's restaurant and a major grocery store where workers and customers had been shot. We consulted with the vestry of a church where a member murdered his family in the parking lot following services. Prior to working directly with the victims of a school shooting, we had several meetings with the school principal.

Mental health professionals need to be prepared to deal with the hesitation, lack of knowledge, politics, and trauma-related anxieties of these leaders, and to spend the necessary time to gain their confidence and cooperation. There will be additional times throughout the intervention program when community leaders will need to reaffirm publicly their support and to motivate the continued participation of staff, parents, and children in the mental health services.

Site

Immediate psychological services on or near the site of violence can provide important initial relief. The use of a local church, school, hotel, or other easily accessible location presents less of a psychological barrier than the local mental health facility as the place to see the victims, witnesses, their families and neighbors.

Whether or not the violence occurred on or near school grounds, the school setting can be an ideal place for screening, classroom consultation, and individual treatment. Therefore, we will focus on a program of psychological first aid in a school setting. We have worked at public and private schools as well as Sunday schools.

Goals

I. Restore the school community.
   a. reduce alienation between groups involved, i.e., parents, teachers students, administrators, school support staff;
   b. encourage intra- and intergroup sharing of experiences in order to promote understanding of their similar responses and course of recovery;
   c. maintain normal school functions;
   d. share activities and observances related to the trauma and loss of life
II. Provide specific help to individuals and groups

a. Administrators. After initial emergency response to a violent event administrators will need an opportunity to meet together with mental health professionals to review what happened, what they did during and afterwards and to share some of their responses and concerns. Periodic meetings allow

them to debrief each other about the ongoing repercussions personally, and among school staff and students. Open communication among these school authorities and sensitivity to the impact of the event and the emotional course of recovery is critical to the proper implementation of a school-wide program.

The adminstrators' visibility to all the intraschool groups, i.e., staff, teachers, and students, is important for providing a sense of security and stability. Because of their high level of immediate responsibility, these leaders may be at risk of a delayed response after the return to normal school operations. Special care has to be given to providing them appropriate psychological assistance at this later date.

b. Students. First week: During the first days, the counselling and nursing offices should be open to students, based on parent, teacher, and self-referral. These visits can be brief, provide temporary relief, help the child return to the classroom, and facilitate cooperation with a more thorough consultation where indicated. Visibility of school personnel, especially principal and other staff-in-charge, is important.

Following weeks: The classroom is an ideal locus for a group consultation. It is the best site to address children's fears of recurrence and the associated cognitive distortions. Anxiety, even among nonexposed fellow students and teachers, can cause more general classroom changes in behavior, and disrupt the educational process. Well-designed classroom consultation can offer an opportunity for enhancing coping skills. For directly exposed children, the existence of a cohesive, secure, and less anxious classroom environment can be of great importance in providing the proper opportunity during the school day for recovery.

Classroom consultation has the following aims:

1. to provide permission to express feelings;
2. to clarify cognitive confusions;
3. to screen children for exposure, traumatic response, and risk factors;
4. to promote renewed classroom cohesion and ongoing learning;
5. to encourage help-seeking from parents, teachers, school mental health workers, and nurses.

Direct contact with individual children during the classroom visits can establish a list of those children who need individual consultation and follow-up contact. Systematic clinical reports are necessary to provide essential information to follow the course of recovery as well as to assure thoroughness of trauma consultation. We have developed special forms modified for each particular violent circumstance.

As much as possible the acute work with individual children should be done at the school because it will facilitate the most favorable circumstance for family and child compliance. If the violence happened at school it also

provides the opportunity actually to review on the same location the child's experience and traumatic reminders. It is important to obtain consistent clinical information from the parents before any extensive consultation with the child is undertaken. This information will help the mental health staff worker during the child consultation to identify omissions or avoidances by the child of salient features of the child's experience or response. An initial session with the parent(s) also can be useful to help educate the parent(s) about typical traumatic responses and means of assisting the child.

c. Teachers. Children often carefully observe their teachers' responses to an event, thereby making their recovery important to the welfare of the students. It is important to provide ample psychological services to the teachers in the form of group and individual consultation. Proper safeguards need to be implemented to reduce concern that seeking such help is ill-advised.

While at the same time reinforcing the teachers' focus on the educational goals in the classroom, the teachers can be involved in helping in the screening process. This requires they be informed of the most common behavioral and school performance changes they may observe, be invited to make referrals, and be given appropriate child behavioral checklists so that they also can assist in following the course of any seriously affected children. Much like the parents, teachers must be helped to permit open expression of concerns in the acute aftermath. Of special concern is the proper handling of information about injured, hospitalized classmates, and their reentrance into the classroom.

Children commonly exhibit changes in changes in school behavior and cognitive performance that serve as key indicators of the traumatic course and recovery. The behavioral change most noticed by teachers is the unexpected appearance of aggressive behavior that, sometime, results in the quick labeling of a child as having a conduct disturbance. Although less often noticed, nonparticipation and inhibited behaviors may also occur. If such changes begin to appear it is important to correctly attribute them to the traumatic consequences and to institute adequate psychological interventions. Although the children's teachers are not likely to be familiar with the signs to look for in the classroom, in our experience, they are very interested to gain the understanding needed to assist the child during the course of acute trauma resolution and to cooperate in monitoring the adequacy of recovery.

d. School Support Staff. A program to monitor attendance, and to contact families and promote early return of the child to school, is important not only to guarantee resumption of school function but to diminish the reliance on traumatic avoidance by parent or child, or to minimize regressive behavior.

The school nurse plays a pivotal role in the triage system because school age children often report somatic complaints after a seriously distressing

event. Additional nursing services may be necessary. One can expect a significant increase in referrals to the nursing office. In addition, severe stress can increase the likelihood of illness in the aftermath of the trauma (Haggerty, 1980). The school nurse will require assistance in identifying affected children and instruction about how to talk to children with somatic complaints. The nurse should be integrated into the overall psychological program and mental health staff meetings. A nursing flow chart card for each child seen can be used to keep track of the frequency of visits and complaints. It can help to identify children in continued distress who present only via this route.

In seeing an unusually large amount of traumatized children in a short period of time, the school psychologist and other mental health workers will need to be systematic in their approach. A centralized list of exposed individuals, the reason for referral or identified other risk factor, and the outstanding symptom assists monitoring the children. The shared information among the mental health staff should include the common traumatic reminders, the frequent cognitive distortions, the most intrusive recollections, the age-specific cognitive reappraisals and meaning being given to the event, and the most common new or changed behaviors.

In addition to the more familiar psychological work with individuals, this staff will also be instrumental in bridging any feelings of estrangement or tensions that emerge among different groups of school personnel. This expanded role may be quite new to school staff. Because the individual and group work are so stressful, ample time is necessary for mental health workers to share their observations and emotionally debrief each other.

e. Parents and Families. After an initial school-wide parent meeting where general questions can be addressed, small meetings, perhaps by grade, classroom, or exposure, are usually a better forum to assist parents to help their children. In these groups, parents can learn about common posttraumatic responses and can discuss their ongoing concerns. We are preparing a pamphlet for parents and community members explaining common posttraumatic responses as an adjunct tool in this education.

Children are likely to do better when open discussion of the event and verbalization of concerns and feelings is promoted between parent and child (Block *et al.*, 1956). Certain affected parents will need individual consultation before they feel they have the emotional resources to be of adequate assistance to their children. Children may also do better when parents in a time limited manner tolerate rather then punish children over temporary regressive behaviors. We have found that the best way to help parents understand their children's responses is to encourage a group of parents to discuss their own responses and worries, and then to link these with similar ones that their children are likely to experience.

Table I. Preschool through Second Grade

Symptomatic Response	First Aid
1. Helplessness and passivity	1 Provide support, rest, comfort, food, opportunity to play or draw
2 Generalized fear	2 Reestablish adult protective shield
3 Cognitive confusion (e g , do not understand that the danger is over)	3 Give repeated concrete clarifications for anticipated confusions
4 Difficulty identifying what is bothering them	4. Provide emotional labels for common reactions
5. Lack of verbalization – selective mutism, repetitive nonverbal traumatic play, unvoiced questions	5 Help to verbalize general feelings and complaints (so they will not feel alone with their feelings)
6 Attributing magical qualities to traumatic reminders	6 Separate what happened from physical reminders (e g , a house, monkey bars, parking lot)
7. Sleep disturbances (night terrors and nightmares; fear of going to sleep; fear of being alone, especially at night)	7. Encourage them to let their parents and teachers know
8. Anxious attachment (clinging, not wanting to be away from parent, worrying about when parent is coming back, etc.)	8. Provide consistent caretaking (e g , assurance of being picked up from school, knowledge of caretaker's whereabouts)
9. Regressive symptoms (thumb sucking, eneuresis, regressive speech)	9. Tolerate regressive symptoms in a time-limited manner
10. Anxieties related to incomplete understanding about death; fantasies of "fixing up" the dead; expectations that a dead person will return, e g., an assailant	10. Give explanations about the physical reality of death

III. Provide age-appropriate psychological first aid for children.

Tables I-III match symptomatic response with specific first aid interventions, by different grade levels.

TREATMENT APPROACH

Early Access

Adult clinical experience as well as current theories of posttraumatic stress suggest a need to intervene at an optimum early occasion (Horowitz, 1976; Van der Kolk and Ducey, 1984; Raphael, 1977). This may also be true for children. We have observed that only during the acute phase after the traumatic event are the incident-specific traumatic reminders easily identifiable. With the passage of time the two most important psychological consequences, the contraction of ego functioning and the dulling of one's emotional

Table II. Third through Fifth Grade

Symptomatic Response	First Aid
1. Preoccupation with their own actions during the event; issues of responsibility and guilt	1. Help to express their secretive imaginings about the event
2. Specific fears, triggered by traumatic reminders or by being alone	2. Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize
3 Retelling and replaying of the event (traumatic play); cognitive distortions and obsessive detailing	3 Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions
4 Fear of being overwhelmed by their feelings (of crying, of being angry)	4 Encourage to express fear, anger, sadness, etc. in your supportive presence in order to prevent feeling overwhelmed
5 Impaired concentration and learning	5. Encourage to let their parents and teachers know when thoughts and feelings interfere with learning
6 Sleep disturbances (bad dreams, fear of sleeping alone)	6. Support them in reporting dreams; provide information about why we have bad dreams
7. Concerns about their own and others' safety, e.g., worry about siblings	7. Help to share worries; reassure with realistic information
8. Altered and inconsistent behavior, e.g., unusually aggressive or reckless behavior, inhibitions	8. Help to cope with the challenge to their own impulse control (e g., acknowledge, "It must be hard to feel so angry")
9. Somatic complaints	9. Help to identify the physical sensations they felt during the event
10 Close monitoring of parent's responses and recovery; hesitation to disturb parent with own anxieties	10. Offer to meet with children and parent(s), to help children let parents know how they are feeling
11. Concern for other victims and their families	11. Encourage constructive activities on behalf of the injured or deceased
12. Feeling disturbed, confused and frightened by their grief responses; fear of ghosts	12 Help to retain positive memories as they work through the more intrusive traumatic memories

life, can result in maladaptive trauma resolution (Kardiner, 1941; Krystal, 1978). We have observed with children that within a year or less when attention is directed toward traumatic references, the emotional release or restoration of spontaneous affect so observable during the acute phase is often less apparent.

Treatment Flow Chart

As we indicated in our previous discussion, we focus on four symptom groupings (see Fig. 4).

In the rest of this discussion section, we will present specific treatment plans for each of these symptom groupings. We realize that they are inter-

Table III. Adolescents (Sixth Grade and Up)

Symptomatic Response	First Aid
1. Detachment, shame, and guilt (similar to an adult response)	1. Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done
2. Self-consciousness about their fears, sense of vulnerability, and other emotional responses; fear of being labeled abnormal	2. Help them understand the adult nature of these feelings; encourage peer understanding and support
3. Post-traumatic acting out behavior, e.g., drug use, delinquent behavior, sexual acting out	3. Help to understand the acting out behavior as an effort to numb their responses to, or to voice their anger over, the event
4. Life threatening reenactment; self-destructive or accident-prone behavior	4. Address the impulse toward reckless behavior in the acute aftermath, link it to the challenge to impulse control associated with violence
Abrupt shifts in interpersonal relationships Desires and plans to take revenge	5. Discuss the expectable strain on relationships with family and peers 6. Elicit their actual plans of revenge, address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of helplessness
Radical changes in life attitudes, which influence identity formation Premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home	7. Link attitude changes to the event's impact 8. Encourage postponing radical decisions, in order to allow time to work through their responses to the event and to grieve

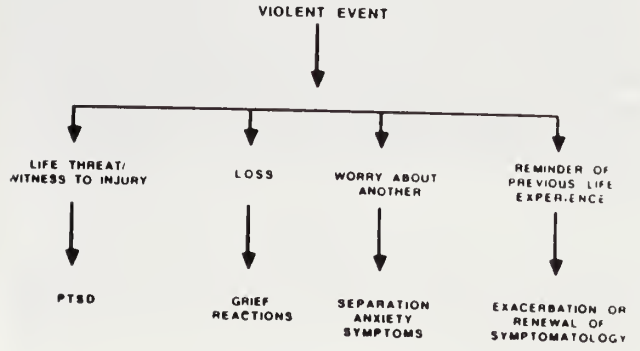

Fig. 4. Treatment Flow Chart

related but choose to isolate specific goals and intervention steps for each. The development of specific intervention strategies is necessary before the efficacy of treatment can be scientifically studied. We present our preliminary outline according to the various target settings for treatment: classroom, individual, family, or group.

I. PTSD

Classroom: Excellent site for addressing fears of recurrence.

Goal: To minimize the contagion of this fear and its continued interference with everyday activities and tasks.

Step 1. Enhance cognitive coping by correcting rumors, incomplete information, cognitive distortions, and age-appropriate misunderstandings.

Step 2. Help share common fears concerning personal safety and help to enhance the groups' capability to contain these anxieties.

Step 3. Identify common traumatic reminders and use group support in order to reduce an exaggerated response of renewed fear within the group.

Goal: To normalize the process of recovery.

Step 1. Discuss the expectable variety of individual responses.

Step 2. Acknowledge that there is a time course to the passing of these early reactions, and that this also varies according to one's own experience.

Step 3. Facilitate help seeking behavior from parents, teachers, and mental health professionals.

Family: Key to addressing the feeling of vulnerability.

Goal: To restore a sense of security.

Step 1. Give the child the experience of support (of being "rallied around") and directed attention, for example, extra support at bedtime or doing something enjoyable together during the next period of unstructured time.

Step 2. Establish the physical sense of security, e.g., by letting the child know the house is locked at bedtime, the parents' whereabouts or how they

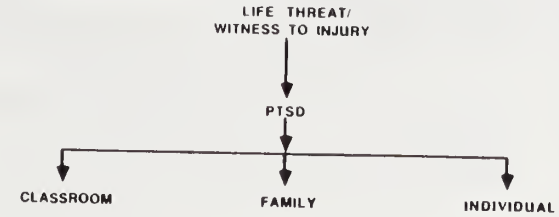

Fig. 5. PTSD.

can be reached, and by ensuring that the child feels safe by having someone available to pick him up after school or walk him home, etc.

Step 3. Assist the child in the face of traumatic reminders by absorbing some of the renewed anxiety and providing understanding reassurances.

Step 4. Validate the child's affective responses by helping to tolerate the intense affects without dismissing them, i.e., anger, sadness, fear, disillusionment, confusion, or helplessness.

Step 5. Help to overcome any estrangement resulting from the child's sense of aloneness with his subjective experience by recognizing the child's private reworking of it, and affirming the child and his experience through their openness.

Individual: Path to restoring the personal integrity of the child.

Goal: To thoroughly explore the child's subjective experience.

Step 1. Establish the willingness of the interviewer to hear everything.

Step 2. Utilize specialized child interview techniques to facilitate in vitro "reliving" of the experience.

Step 3. Introduce appropriately timed in vivo walking through of the event toward accomplishing a sense of mastery.

Goal: To help the child to understand the meaning of his responses.

Step 1. Link cognitive reappraisals to prior state of helplessness.

Step 2. Enhance the sense of control over continued intrusive imagery and traumatic reminders by reducing the overpowering experience of them.

Step 3. Provide a sense of relief from having to carry the deepest wound alone by drawing out the child's expression of his/her worst moment.

Step 4. Invite expression of revenge or aggressive fantasies to prevent the debilitating preoccupation with them.

Step 5. Restore a sense of normal fears and personal capability.

Step 6. Elicit the content of any guilt and address the realistic limitations of the situation.

Goal: To integrate the experience into continuity of the child's life.

Step 1. Identify traumatic details imbused with special meaning that provide insight into initial psychodynamic issues.

Step 2. Link elements of the traumatic experience with future elaborations and shifting identifications with victim, aggressor, and intervenor.

Step 3. Address constrictions or exaggerations in life behavior that have resulted from the trauma.

Step 4. Discuss current stresses and their interplay with traumatic responses.

Step 5. Aid the child in reworking the event as cognitive and experiential understanding matures.

Step 6. Elicit change in life attitudes and give meaning to them in light of the traumatic experience.

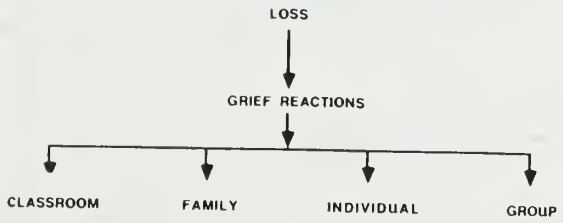

Fig. 6. Grief.

II. Grief

Classroom: An optimum setting to publicly address issues related to dying and loss.

Goal: To give concrete and symbolic representations of the finality of death.

Step 1. Discuss death in age appropriate themes and reinforce through specific group enactment, drawing or story telling the physical reality of death.

Step 2. Talk with children about their sadness or anger over the loss and the unnaturalness or horror of dying by violence.

Step 3. Suggest or invite constructive ways to memorialize the dead.

Step 4. Acknowledge the unfairness of the untimely death.

Family: Key site to deal with issues of loss and attachment.

Goal: To provide a holding environment for the extended grief process.

Step 1. Provide a period of comfort, rest, buffer from outside demands, and relaxation to assist the child during the initial shock when the child's resources are temporarily depleted.

Step 2. Openly acknowledge the loss and permit mention of the manner of death.

Step 3. Move from memorializing to restoration of previous uninjured physical image of the deceased through use of pictures and positive memories.

Step 4. Accept protests over the unfairness of the loss, behavioral manifestations of reunion wishes and expressions of disillusionment about the world.

Step 5. Be attentive to the transition from trauma reactions into the normal grief process.

Step 6. Share in affective exchange with the loss, especially at reminders of the person's absence or manner of death.

Step 7. Facilitate the grief work through timely reminiscing.

Step 8. Validate renewed feelings of loss on anniversary of the violence or other special occasions.

Individual: Validate the complex inner efforts to tolerate and recover from the loss.

Goal: To augment the child's inner resources.

Step 1. First address the traumatic elements of the violence, to decrease the intrusion of violent images into the grief process.

Step 2. Help the child distinguish between trauma and grief responses in thoughts, dreams, and fantasies.

Step 3. Assist the child to repair the damaged image of the person due to the violent injury by inviting the child in play to fix up the fatal wounds.

Step 4. Address the suddenness of the loss and the incomplete feeling of closure by encouraging role play conversation with the deceased during beginning sessions.

Step 5. Help the child to express revengeful anger in order to disengage the thoughts about the assailant that are tied to thoughts of the deceased.

Step 6. Prepare the child for the more prolonged course of grief.

Goal: To assist the grief process toward completion.

Step 1. Help anticipate daily and special occasion reminders of the lost person, and assist the child to make the family or teacher aware of these moments.

Step 2. Continue in the process of assisting the transition in each session from involvement with the trauma or violence to the work of grief by timely directed attention to non-trauma-related memories of the lost person.

Step 3. Enhance verbalization whenever the child privately experiences the loss or longings for the deceased.

Step 4. Address lingering feelings of responsibility.

Step 5. Tactfully permit expression of anger toward the deceased for putting themselves in danger or not saving themselves.

Step 6. Pay attention during the termination phase to the reemergence of the association of violence and loss as it becomes more apparent in the transference.

Group: Key site to maintain ongoing support for the initial phase of grief.

Goal: To supply group cohesion in the joint work of grief.

Step 1. Normalize responses.

Step 2. Provide additional emotional support.

Step 3. Provide a reserved time for reworking of the loss.

Step 4. Share in reminiscing.

Step 5. Reinforce efforts toward recovery.

III. Worry about another

Classroom: An outlet for the immediate expression of this concern.

Goal: To legitimize the child's concern.

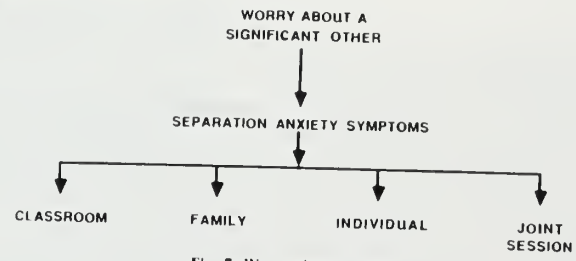

Fig. 7. Worry about Another.

Step 1. Inquire whether any children felt this worry.

Step 2. Share how it made them feel.

Step 3. Discuss the moment of reunion.

Step 4. Identify common moments of continued concern for another.

Step 5. Invite children to talk to their families about this portion of the experience.

Family: Best site to implement progressive program to restore a confidence about the security of interpersonal relationships.

Goal: To wean the child from any continue worry about a significant other.

Step 1. Help parent understand how worried the child was at the time and that this may change the child's subsequent behavior toward that particular person.

Step 2. Take intermediate steps to reassure the child about the person's safety when they are absent, e.g., arranged times that they can reach the person.

Step 3. Be supportive of the child during the intensification of these worries at night or when going to bed.

Step 4. Promote verbalization of anxieties after the next few separations.

Individual: Address the challenge to interpersonal attachment.

Goal: To thoroughly explore the event-based etiology of this worry.

Step 1. Isolate the feeling of worry over the course of the event, including rumors and incomplete information.

Step 2. Provide relief from the intensity of the affect by allowing open expression.

Step 3. Invite complete description of the reunion including facial expressions and reunion behaviors.

Step 4. Unburden the child of the secrecy of any continued concerns about another person.

Step 5. Link changes in the child's behavior towards that person to their initial worry.

Step 6. Discuss the normal things the child would do with that person o validate that the person is really okay.

Step 7. Prepare for a sharing of the child's concern with the other per-son and to discuss any changes in their relationship.

Joint session with the person they worry about: Key to reestablishing the relationship.

Goal: To enhance mutual understanding of respective experiences and subsequent concerns.

Step 1. Establish an open communication between the two about the initial worry.

Step 2. Assist in the discussion of the emotional reverberations including their worry or anger.

Step 3. Be specific as to the worried child's behaviors related to separation-anxiety or estrangement.

Step 4. Discuss ways they can help each other at home.

Step 5. Help them express directly their emotional caring for each other.

IV. Exacerbation or renewal of symptomatology

One of the often overlooked but immediate consequences of a violent occurrence is its power to serve as a reminder of previous life experiences. We have reviewed the cases in which teachers or parents referred children to us whose acute symptomatology was unexplained by their exposure. We frequently identified the cause as a previous adverse life experience. Children who had experienced other trauma, especially violent incidents, sudden unexpected death or physical injury, reported the recent violence brought back images of and feelings about the previous event. Many of these children with direct exposure to the current violence appeared to be overburdened by having to contend with posttraumatic stress symptoms related to two events. Repeated exposure, rather than immunizing children from violence, injury, or death, may actually hamper their efforts at recovery

Even for nonexposed children in the community, the event may stimulate renewed feelings about a previous life experience that may never have been addressed. In one case, a child was reminded of the suicide of his father. In other cases, we observed the transgenerational transmission of trauma and grief. One 12-year-old girl exhibited depressive symptoms after the murder of a schoolmate with whom she was not well acquainted Clinical evaluation revealed that her mother had never recovered from the violent murder of her closest adolescent friend. She continued through the years to remind her daughter of this loss. Reminders of adverse life events need not only involve ones of violence, injury, or death. Children who lived alone with their mothers often have been reminded of the absent father and expressed a

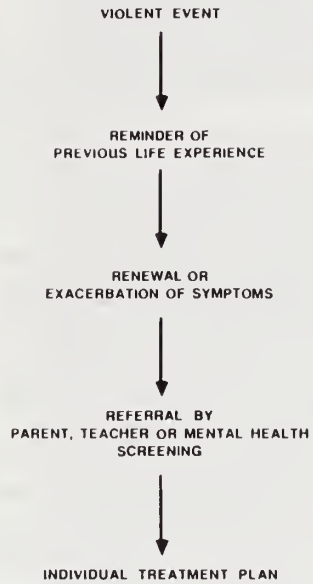
VIOLENT EVENT
REMINDER OF PREVIOUS LIFE EXPERIENCE
RENEWAL OR EXACERBATION OF SYMPTOMS
REFERRAL BY PARENT, TEACHER OR MENTAL HEALTH SCREENING
INDIVIDUAL TREATMENT PLAN

Fig. 8. Exacerbation or Renewal of Symptomatology.

reduced sense of protection. The violent event, can also reawaken painful feelings about parental separation or divorce.

Whenever there is a recrudescence or intensification of symptoms associated with a past experience, the treatment plan can be, and should be, flexible. The current violent event may actually function to make the child and the family emotionally available for the first time to receive psychological assistance. The mental health professional should be prepared to use this opportunity.

Special Issues Related to Inner City Violence

Often discussions of the effect of poverty in the inner cities focus on the adverse effects on family stability and community cohesion (Moynihan, 1986). However, little mention is made of the potential influence on young children of the increasing prevalence in these communities of extrafamilial

violence. In our screening of children in a South Central Los Angeles elementary school, children frequently reported the injury or violent death of relatives or friends and repeated gunfire in the neighborhood. Many children and their families in the inner cities left countries torn by civil strife or war to immigrate to the United States. Violence in their new communities can create a strong sense of disillusionment.

When we began our work at the South Central Los Angeles elementary school, we were advised that we should not expect much cooperation from most of the families. However, that has not been our experience. As part of the sniper study, we wanted to rescreen the entire student body at one year. The school principal requested parental consent: 98% of them agreed to have their child participate.

In California, Victim/Witness Assistance Program, through the Office of the District Attorney, is mandated by law to reimburse victims and witnesses of criminal violence for medical and psychological services. In order to assist applications after the sniper attack, the victim assistance staff members set up an office directly at the school. A number of families were reluctant to become involved with a government agency because of fears related to immigration status, suspiciousness, and cultural biases. Their reluctance interfered with their obtaining individual and family services. When at one year these parents were still disturbed by their children's persistent behavioral or academic changes, their elegibility to register had passed. In implementing postdisaster mental health programs in the inner cities, it is important to promptly address these political and cultural issues.

A number of prejudicial attitudes toward children who live in high crime areas stand in the way of their receiving prompt and organized assistance after episodes of community violence. One attitude is that all efforts with these children will have minimum impact because of negative life circumstances. This is in effect a "why bother?" attitude and/or a belief that other concerns are of more importance. It may also be assumed that children become inured to the disturbing effects of violence after repeated exposure. Our findings would suggest the opposite. The effects of each episode can be additive and seriously deplete the child's inner resources Appropriate help may augment the child's resiliency.

CONCLUSION

We hope that in this paper we have given new directions to the investigation of childhood exposure to community violence. As we suggested in the first section of this paper, improved scientific measures can lead to clearer discrimination of clinical phenomena and assessment of the severity of

response. The second and third sections provide examples of how systematic inquiry can begin to suggest intervention strategies for psychological first aid and treatment. Appropriate scientific measures of target symptoms and a particular treatment strategy are both needed before the efficacy of intervention can be tested.

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Conference Participant's Reference Manual

A Series of Regional Training Conferences

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Participant Notes

Coordinating a Community Crisis Response

I. Introduction

A. Definitions

1. Definition of a Community Crisis Response Team.

   A trained group of individuals, primarily volunteers, who are available to respond within 24 hours to a call for assistance in the aftermath of a community-wide trauma-inducing event.

2. Definition of community-wide trauma-inducing event.

   A community-wide traumatic event is one that causes life threatening injury or death. Criteria to consider when determining whether the event may cause widespread trauma include the following non-exclusive attributes:

   a. Incidents that occur within communities in which people are strongly affiliated with each other.

   b. Incidents in which there are multiple eye witnesses.

   c. Incidents in which the direct victims have a special significance to the community affected, as may happen with the assassination of a public figure or the killing of a child in a day-care center.

   d. Incidents in which the community is subjected to exposure to carnage or misery.

   e. Incidents which call for numerous rescue workers.

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f. Incidents which attract a great deal of attention.

B. Examples of recent community crises.

II. Substance

A. The goals of a CRT.

1. To assist the local caregivers plan their immediate and longer-term activities in the aftermath of the catastrophe.

   a. Define local caregivers: mental health professionals, peer counselors, natural helpers within employment group or community, family or friends, clergy, teachers and so forth.

   b. Emphasize that victims tend to solve their own problems, but when they cannot or have difficulty, tend to turn to their natural social supports; only if those are not there, then may turn to outside or professional help.

   c. Provide training, emotional support, and public recognition to the local caregivers.

   d. Assist local caregivers by providing model "debriefings" to critical population groups.

B. Guidelines for selecting appropriate team members.

1. Type of catastrophe involved and an individual's experience with that kind of tragedy.

   a. Discuss pros and cons of using previous victims or survivors on teams.

   b. Discuss value of previous experience but also risks of trigger reactions even among "professionals".

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c. The individual's professional background; the following professional affiliations should be represented on most CRTs (although one individual can often credibly fill more than one such role):

o a law enforcement officer or police psychologist.

o a psychologist or psychiatrist.

o a victim service counselors.

o a member of the clergy.

o a member of a medical profession.

o a child counselor.

o a person experienced with media relations.

d. The demographics of a community, including the racial or ethnic mix; the socio-economic background; the educational background; its rural or urban nature; languages; religious background, and so forth.

e. The individual's personality. It is critical that CRT members are charismatic, flexible, diplomatic, patient team-players; that they have common sense; and in this kind of work, are essentially egoless.

f. Proximity to the community -- proximity is measured by the time it takes to get to the site.

g. A NOVA paid or unpaid staff member from headquarters.

h. All Team Members will be trained community crisis intervenors, and will agree to follow NOVA's crisis response guidelines, debriefing

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guidelines, and training outlines.

i. All team members are volunteers.

2. Roles of Team members.

a. Team leader: official liaison between team and community; makes assignments for team members at site; spokesperson for team with media when a media person is not assigned on the team; debriefs and cares for team members when necessary. In most cases team leader will be a mental health professional, have a Ph.D. or M.D., and be male.

b. Team manager: a NOVA headquarters staff member or trained volunteer; handles all logistics; is liaison between team and headquarters; provides briefing papers and other support to team leader; is responsible for supplies and NOVA materials; makes report to headquarters at conclusion of response.

c. Media liaison: handles all media inquiries; sets up press conferences when necessary; serves as spokesperson for team unless team leader is designated to do so.

d. Team members: do all assignments as given; able to provide 3 hour training segment; do debriefings as necessary; and handle individual counseling sessions.

3. Length of stay in community will be generally no longer than forty-eight hours.

4. If local, regional or state teams exist, guidelines for when a NOVA team might be used:

a. when local caregivers are in trauma.

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b. when an outside team may minimize political hostilities or regional animosities or facilitate logistical support.

c. when a national ''presence'' is wanted.

d. NOVA will not respond unless there is unanimity among local leadership that a team is wanted.

5. Behavior guidelines for team members at the site:

a. All team members will go to the site of the disaster if possible.

b. No one talks to the media without permission of the team leader.

c. No morgue humor is used unless in the privacy of team meetings or with local ''inside'' team members.

d. Team members should not make appointments without clearing it with the team leader.

e. Team members should remember that dinner and breakfast are normally spent as a team, unless it is cleared with the team leader.

f. Team members should avoid making derogatory remarks about any behavior or actions by local contacts, although problems should be noted and shared with other team members.

g. Team members should not make individual demands on local hosts -- such as asking for food, transportation, copies of materials to be made, and so forth unless in an emergency. All such details should have been arranged through the team manager.

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h. Physical comfort for team members is not a priority. This means that you may go without food, sleep, or exercise. You may be subject to weather extremes. Your accommodations may not be great and the food you eat may be second-rate. Complaints should not be made to local contacts and complaints within the team should be kept to a minimum, if possible.

i. Dress code for team members:

o men - Suit coat or sport jacket, comfortable shoes, casual wear for relaxing.

o women - Dresses or suits, no outfits that are predominantly red or pink, or all black, comfortable shoes with heels -- no open toes, no excess jewelry, slacks and walking shoes.

o everyone - weather-related needs such as rainwear or overcoat.

o wear any symbols of particular profession, for example, clerical collar, law enforcement badge, nurses pin, uniform jacket or the like.

B. The "how-to's" of CRT response.

1. Outreach or response to cry for help:

a. Call: victim assistance program, law enforcement agency, prosecutor, county commissioners, mayor, and so forth to identify a lead contact person.

b. Offer: Identify self and NOVA. Explain briefly Crisis Response Team Project. Ask if s/he thinks they would like help.

c. Offer referrals to other sites that have received assistance.

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d. Contact 10-12 prospective team members. Find out who is willing to go on stand-by alert for the next 72 hours. Ask them to pack bags and be prepared to go until further notice.

e. Begin travel print-outs for prospective team members.

2. If Lead Contact thinks a CRT is needed, ask her to:

a. Clear it with local leadership. Leadership should include:

o police and sheriff departments.

o mental health agencies.

o emergency management services.

o mayor and/or county commissioner.

o prosecutor, if the disaster involves a crime.

o governor or attorney general, if disaster is statewide or has implications for statewide response.

o state office on victim assistance.

o other victim assistance programs.

b. Give us a description of the community including:

o demographics (ethnicity, socio-economic group, chief employment, education level, age, religious affiliation).

o previous trauma history.

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o political concerns.

o major personalities.

c. Locate a headquarters for the team at the site. Should include at least one telephone -- preferably three telephones.

3. Based on information from community, choose team members.

4. Contact team members and make travel arrangements:

   a. Call travel agent and arrange pre-paid tickets for team members.

   b. Travel should be arranged so that team members get to site within an hour of each other if possible and at least an hour prior to when they will participate in a planning meeting.

   c. Team members should be advised that they may have to use their own credit cards to pick up their tickets if the pre-paids don't work. They should also be reminded of NOVA's reimbursement policies.

   d. The local contact person should be asked to make hotel arrangements and to arrange for cars if necessary. If she cannot do this, NOVA should make hotel arrangements and arrange for at least one rental car.

   e. Tickets should be refundable and the NOVA staff person on the team should take with them a list of return flights for all team members.

5. The NOVA CRT staff and volunteers should begin packing supplies as soon as it appears that NOVA might be responding.

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Standard supplies include:

a. Portable office kit.

b. Masking tape.

c. Markers -- red, blue, green and black.

d. Kleenex.

e. Writing pads.

f. Extra pens/pencils.

g. 75 CRT Hand-outs for debriefing meetings.

h. 25 CRT Guidelines/protocols.

i. 25 CRT training outlines.

j. 25 CRT debriefing outlines.

6. The local contact person should be asked to prepare the following supplies:

   a. Flipcharts, markers and tape for all training and debriefing meetings.

   b. Coffee and soft drinks at debriefings.

   c. Additional refreshments, if possible.

   d. Ashtrays.

7. The crisis should be monitored on the news from the time NOVA makes outreach until after NOVA returns. All newspaper articles should be clipped and saved.

8. The local contact person should be asked to save all local newspaper articles as well.

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9. The team members should be advised of the following issues:

   a. Who is the team leader and who is the team manager (NOVA staff).

   b. Dress guidelines.

   c. NOVA in-house staff team members are restricted to ONE luggage bag, other team members should be encouraged to travel light.

   d. NOVA in-house staff is responsible for providing a written summary of the key issues and people that the team will meet at the site.

10. The strategy for responding to a crisis generally will involve the following sequence of activities:

    a. Team visit to the site.

    b. A planning meeting with the local contact person/people.

    c. A training session for all local caregivers.

    d. Debriefing sessions for identified high risk groups -- possible groups will include:

       o any rescue workers.

       o emergency medical personnel.

       o victims/survivors.

       o law enforcement officers.

       o fire fighters.

       o local victim assistance helpers.

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o children.

e. A/some debriefing sessions for the community as a whole.

f. Nightly debriefings for team members.

g. Final debriefings of any local team members prior to leaving.

h. Ad hoc meetings with local caregivers.

i. A press conference and press interviews.

11. NOVA in-house staff undertakes the following follow-up procedures:

a. Written thank yous to team members.

b. Written thank yous to local hosts and helpers.

c. Outreach (where possible) to victims/survivors who could not be served at the site.

d. Touching base with local contact person at minimum:

o within week after site visit.

o one month after site visit.

o three months after site visit.

o six months after site visit.

o one year after site visit.

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Group Debriefing Techniques for Communities in Crisis

I. Timing.

A. Try to arrange debriefings so that they do not conflict with events such as funerals, memorials and the like.

B. Night debriefings are generally better for community-wide group meetings. Daytimes are generally better for school personnel, children, and employees.

C. CRT group debriefings are usually no more than 2 hours in length.

II. Logistics.

A. The room should be accessible and comfortable for the group.

B. Mental health and other caregivers should spread out around the room.

C. Debriefing sessions should be done with the participants in a circle, where possible.

D. Flipcharts should be used to record reactions of participants if possible.

E. Debriefings should be done in pairs.

F. Hand-outs are provided but <u>should not</u> be distributed until the end of the session.

G. Make sure tissue is easily accessible.

H. Make sure water is available.

I. Let people know where the bathrooms are.

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J. Make sure people can smoke and ashtrays are available.

III. Debriefing team roles.

A. Debriefing leader (one person should be "in charge").

1. Begins with "I am sorry it happened" to you.

2. Introduces self and other team members.

3. Introduces NOVA and its role in the community.

4. Introduces any local caregivers who are present.

5. Gives permission to the group to say what they want and to come and go as they please.

6. Defines ground rules for session.

7. Leads the debriefing.

B. Supporting team debriefer.

1. Provides emotional support to debriefing leader.

2. Assists with individuals who may go into crisis within the group by distributing tissue, providing physical comfort, or helping them leave the room.

3. Records notes on flipcharts.

4. Takes over the group if the debriefing leader cannot continue.

5. Contributes only when called upon by the debriefing leader.

C. Other debriefing team members (optional)

1. Local caregivers, when available, should be pre-

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pared to assist with individuals in crisis.

2. Other CRT team members, if available, should be prepared to assist with individuals in crisis.

IV. Ground rules for group session are established.

A. Confidentiality of communication.

B. Agenda for session.

1. Real agenda: to help group define the crisis reaction, provide some crisis intervention, and to predict and prepare the group for possible future events. Goal: to let a bit of steam out of the pressure cooker of emotions. The goal is not to provide group therapy or individual therapy.

2. Announced agenda:

o How the participants reacted or are reacting.

o How their family or loved ones reacted or are reacting.

o What do they expect in the future.

C. Permission given for expression of feelings.

D. Ask that individuals identify themselves when they talk if they are willing.

E. No physical violence will be allowed.

F. This is not a critique of what happened but a debriefing of reactions

V. Session Procedure.

A. Ask participants to tell about their experience during

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the event.

1. Where were they when it happened?

2. Who were they with?

3. What did they see, hear or feel (physically) at the time?

4. How did they react at the time?

Listen and underscore any statements that fit within the crisis reaction framework.

B. As participants talk about their experience, validate key emotional reactions and concerns. Examples:

1. Statement: "I am really angry,"; Response: "Its understandable that you are angry''; or ''Anger is a common and natural reaction to such an awful event'' and so on.

2. Statement: ''I keep thinking it is my fault, that I could've done something to prevent it''; Response: ''When a sudden tragedy like this happens, it is normal to try and think about what 'might have been'. None of us can see into the future, and I don't believe that a random catastrophe can be anyone's fault."

Listen and validate. Do not let statements of shock, anger, fear and so on to go without a response and a word of comfort.

C. Ask participants to describe what has happened to them in the aftermath of the event.

Listen and validate.

D. Help participants understand the crisis reaction and predict for them the possible range of emotions that they will face in the days and months to come.

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E. Talk about ways that participants can manage stress reactions.

1. Explain common coping techniques and talk about ways in which they may have coped with tragedy in the past.

2. Answer questions.

3. Validate good coping techniques.

F. Give them a safety net for the future: a plan for future group meetings; a contact through community caregivers; NOVA's telephone number and so on.

G. If needed establish a rumor control mechanism through which the community can get accurate and prompt information in the future.

VI. Session process.

A. Be prepared for emotional reactions and behavioral symptoms of trauma.

1. Manifestation of levels of confusion.

o Participants may be unable to think clearly, may focus on small problems, may have memory gaps, may not be able to concentrate on what is said.

2. Manifestation of physical agitation.

o Participants may be restless and excited or still and rigid. May be unable to sit still or to sit at all. May move very rapidly. May be severely depressed or withdrawn. At times may seem and be resentful. May see visions. May talk about inability to sleep or inability to stay awake. May be unable to eat or retain food.

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3. Manifestation of speech agitation.

   o Participants may talk very rapidly. May be preoccupied with one idea or thought. May hear voices. May speak disjointedly.

4. Manifestation of emotional responses.

   o Participants may cry. They may not react at all and express a feeling of numbness. They may be inappropriately excited or euphoric. May be easily irritated. Some may become hysterical. Participants may be angry. They may be silent. They may feel nothing.

   o The emotional responses of participants may be directed at you. Do not take this personally!

   o Expect the unexplainable: individuals may describe visions of the dead; unbelievable physical feats; messages from the dead or dying. What is important is what they believe happened, not a scientific explanation of what they describe.

B. Provide emotional support and understanding.

1. Project competence, calmness, authority, and encouragement.

2. Maintain a nonjudgmental attitude about situation and responses.

3. Promote physical comfort.

4. Establish rapport through active listening, eye contact, and empathetic responses.

5. If children were involved in the trauma or the event, let them attend sessions with parents if so desired.

6. Listen and validate.

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VII. Special issues.

A. Dealing with anger: at you or at each other.

B. Dealing with grief: extent of grief or hierarchy of grief.

C. Dealing with practical issues: financial, criminal justice, tacts.

D. Dealing with issues of God; multiple traumas; the world beyond.

E. Behavioral problems: silence, monopolization, inappropriate behavior.

F. Use of humor in group debriefings.

VIII. Conclusion of session.

A. Review session briefly.

1. Go over the agenda and how it was accomplished.

2. Go over the stages of crisis reaction and illustrate how they appeared on the flip charts.

B. Ask if there are any final concerns that people want to discuss now.

C. Distribute the debriefing hand-outs.

D. Thank participants for attending.

E. Assure them of NOVA's on-going support, concern, and assistance.

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Violence in the School -- a Domestic War Zone

I. Introduction

A. Definitions
1. Chronic trauma: everyday murder, rape, suicide and substance abuse.
2. Critical incidents in the school community that create a crisis.

B. Scope
1. "In May, 1987 the Mayor of Washington, D.C. visited an eighth-grade science class for gifted students at a public school in a poor neighborhood. The mayor posed a question. "How many of you know somebody who's been killed?" There were nineteen students in the class. Fourteen hands went up. The mayor went around the room: How were they killed? The answers began like this "Shot." "Stabbing." "Shot." "Shot." "Drugs." "Shot." These were thirteen year-old children. Given that they were in the gifted class, one can assume that they were from more privileged backgrounds than most of their schoolmates.

"Over a four-month period in Detroit at about the same time, 102 youngsters age sixteen or under were shot, nearly all of them by other children. There was so much violence in the public schools that the whole system had to be shut down for two days." "Growing up Scared," The Atlantic Monthly, June, 1990.

"There is nothing normal, however, about the present situations. Some 3 million incidents of attempted or completed street crime (assault, rape, robbery, theft) take place inside schools or on school property annually. Nearly 300,000 high school students are physically attacked each month. One teacher in twenty is assaulted every year. Twelve percent of all teachers hesitate to confront misbehaving students for fear of reprisal.

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The results of the National Adolescent Student Health Survey, which queried 11,000 eighth and tenth-grade students in twenty states in 1987, indicate that nearly two percent of all students (that would amount to 338,000 students nationwide) carried a handgun to school at least once that year. A third of those students packed a pistol daily. About eight times as many students carry knives as guns.", Id.

2. Every homicide and suicide has the potential to create a community-wide crisis in a school.

II. Dealing with the chronic violence in the school.

A. The need for training of counselors and teachers in crisis reaction and long term stress reactions.

B. The need for curricula that integrates issues of drug and substance abuse, violence, violence prevention, and victim assistance at every grade.

C. The need to ensure the security of the school grounds.
   1. Screening for weapons.
   2. Searching for drugs.
   3. Weighing the privacy rights of students against the safety rights of potential victims.

D. The need to establish discipline at the schoolhouse level.

III. Responding to critical incidents.

A. While some children live in a war zone, others are exposed to the acute crisis of occasional random violence. More and more schools have faced critical incidents in the past few years:
   1. Stockton, California
   2. Tuscaloosa, Alabama
   3. Winekta, Illinois
   4. Detroit, Michigan

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5. Trauma results from such incidents and the consequence is a rippling effect that causes traumatic reaction to spread throughout the school community.

B. Plans need to be made before these situations arise. Training is a part of such planning so that school professionals can appropriately intervene, and when necessary with an outside profession.
   1. Phases in the aftermath of crisis within the school community.
      a. Shock, disbelief and denial. Emotional numbing. Cognitive ability impaired. Short term memory loss or impaired. Inability to concentrate.
      b. Psychological impact on students, teachers and other personnel concerning what has occurred. Emotional flooding. Sorrow. Anger. Fear for safety. Irritability. Isolation. Acting out by day or during sleep.
      c. Reconstruction. Emotional roller-coaster. Risk-taking and new ventures. Feelings of betrayal and the need to establish a new faith. Anomie and isolation.
   2. Needs characterizing each stage. (John Ganz, M.C., Victim Assistance of Washington State has observed these needs in his role as teacher and counselor in the aftermath of crisis. For further information contact him at P.O. Box 17437, Seattle, Washington 98107.)
      a. Short-term needs (Time factor: 1 to 4 school days)

      Projected Conditions: The mental/emotional state of the school community will be one of shock. At this point the community as a whole is in a vulnerable state. They are vulnerable to the media and to their own associations with the event. There is a critical time factor of about a week when the community needs to protect itself. During this time no real understanding of treatment will be effective.

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The main thrust of the school community will be immediate emotional, psychological, and in some cases physical care. This care can be delivered in a variety of ways, but the most immediate and effective will be by the classroom teacher. Outside professionals can be brought in to facility this with the faculty and to do some group work, as well as work with specific individuals particularly impacted. The primary care, however, will be done by the faculty and parents. The outside professional can provide education (information about secondary victimization) and support to the faculty, as well as help the school counselors with small group support for those in need.

Once this critical time period is over, a great number of the community will begin to resume daily functioning at a somewhat normal level. This group will continue to need information and support, but if the initial week is handled properly, they will continue to resume normal functioning.

b. Intermediate Needs (4 to 7 school days)

As shock wears off, a great deal of information and support will be necessary. This will be sufficient for most of the community to deal successfully with the issues of secondary victimization.

The first target group will be administration and faculty;

The second group would be parents. The attached outline would be information presented to them at a large group meeting. This time can also be used as process time, although it may be more effective to break down into smaller groups, or on an individual level, for process purposes. The outside professional could either be the presenter of this or facilitate through the building counselors.

The last group to be targeted would be the student body. At this point those students who

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have been particularly impacted or at risk should be identified. The outside professional will either present or facilitate large group meetings with the student body. It is suggested these be done on a class-by-class basis by grade level. Although this is not the ideal environment in which to actually process feelings, some of this will happen and needs to be controlled and facilitators need to be prepared. The content of these larger student sessions (200 to 300 in size depending on size of class) will be helping students understand what happened, what is happening, criminal justice information, and what they may be feeling or what their behavior may be about, and in giving them information as to how to deal with victimization issues.

For the greater percent of the community, this information-giving process and support will be enough to help them successsfully deal with their trauma. There will be a number of faculty, parents, and students who are not able or ready to resume normal daily functioning yet, and who will continue to need information, support, and more in-depth, ongoing mental health assistance.

c. Longer Range Needs (7 school days to several weeks after the incident and during the trial period.)

As the greater percentage of the school community moves away from the trauma, occasional support will be needed, particularly in times of associated trauma within the community. Those individuals within the community who are not able to resume daily functioning due to trauma associated with this victimization will need further mental health care. This care can be offered on a variety of levels: in-building counselors, references to outside professionals on a one-to-one basis, or on an in-building group basis.

Participant Notes

Groups can be an effective way to use the support of the school environment to help the adolescent to deal with these issues. Several groups have been done in the Seattle area with school-aged adolescents who were victimized by violent crime. Depending on whether the issues is resolved or unresolved, the groups can be very effective in the longer-range mental health needs of not only students but parents and faculty as well. These groups should be on school premises, but not during the school day. They may be run by an outside professional or by the school counselor, with the assistance of the outside professional.

The key to the success of this group seems to be the identification and selection process, involvement of school personnel, and support by parents. Groups run outside the involvement of the school and staff will not be as effective. If the outside professional has been working with the school community through the short and intermediate need, the relationship with outside and in-building resources should be happy.

The duration of groups such as this is indeterminant. In resolved issues, the duration will most likely extend through the completion of the suspect's trial; in an unresolved issue, until ''daily function'' is restored. In this case initially a commitment of six to eight sessions is recommended, with evaluation and further recommendations to be made at that point. Those individuals who need more intensive one-to-one mental health care need to be referred to outside professionals. This will be determined by in-school staff. Ideally, this care would be associated with the outside professional brought into the community.

Participant Notes

IV. A critical incident plan for the school community.

A. Day 1-2 (Shock Phase)
   1. Identify trauma team: names and positions.
   2. Staff trauma team by tasks:
      a. Contact with the outside world, i.e. media.
      b. Contact with victims' families.
      c. Short term assessment of the scope of trauma in the building.
      d. Meeting with faculty and staff.
         o Up-date with accurate information.
         o Classroom processing.
         o Identify faculty in crises.
      e. Stabilize building.
         o Keep bell schedule.
         o Keep students in a class.
         o Maintain extracurriculars.
      f. Identify students "in crises".
      g. Contact consultant for support.
         o School district psychologist.
         o Victim services.
         o Community mental health center.
         o National Organization for Victim Assistance.

B. Day 2-3 (Process Phase)
   1. Trauma team staffing with administration:
      a. Up-date with accurate information.
      b. School community assessment.
      c. Staff for problems.
      d. Key members of the faculty to be involved.
   2. Faculty should meet to discuss classroom behavior:
      a. Encourage them to care for themselves.
      b. Encourage them to keep processing with students if they feel the need (if a teacher is in crises or cannot continue such processing, someone else could take this place for this day.)
   3. "At risk" students should be identified and parents contacted.
      a. Crisis students (suicide risks).

Participant Notes

b. Core group of victim's friends.

4. Small groups of victim's friends meet with trauma team or counselor.
   a. Deliver accurate information.
   b. Allow process/de-briefing.
   c. Begin to plan school wide assembly.
5. Some communication with students as whole:
   a. Large groups, i.e. by class.
   b. Information given for education and to dispel rumors.
6. School routines should be maintained:
   a. Bell/class schedules.
   b. Class meetings (information giving).
   c. Extra-curricular activities.

C. Day 4-5 (Process Phase)
1. Trauma team staffing:
   a. Assessment of "at risk" teachers and impact on their classrooms.
   b. Staff/student behaviors, individuals/groups.
   c. Up-date of accurate information.
   d. Discuss plans for school wide assembly.
2. Counselors need to be available for student and faculty as shock gives way to reality.
3. Dialogue in class should begin to return to regular subject matter.

D. Day 6-7 (Reconstruction begins)
1. School wide assembly (suicide as an exception).
   a. Option A - school day assembly, created and put on by students/overseen by trauma team could include:
      - o music
      - o parents of victim
      - o poems
      - o open microphone
      - o a time to process/ no information given
      - o may be mandatory; should be optional.
   b. Option B - optional after-school assembly; all other suggestions apply.
   c. Memorial

Participant Notes

- o living memorial
- o scholarship memorial
- o plaque, statue, etc.
- o exceptions.

E. Day 9 (Going-On)

1. Trauma team staffing.
   a. De-brief of week.
   b. Re-identification of "at-risk faculty and students.
   c. Refer anyone who is still in crisis to outside professional.
2. All school routines should be back in place.

Civil Remedies for Crime Victims

RECOVERY OF DAMAGES FOR VIOLENT CRIME VICTIMS

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For the victim of a violent crime, the loss of personal control and power over one's life is often a lasting scar as painful as any physical damage. Rape victims in particular frequently feel the need for re-empowerment; for some means of regaining a grip over personal destiny which has been stolen without warning. One victim compared being raped to the feeling of "being smothered to death while your hands are tied. There isn't anything you can do and the feeling stays with you forever." For hundreds and thousands of such persons, the American system of justice provides limited means of punishment, retribution and compensation.*

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*These cases involving three clients represented by Mr. Newman have won the following awards; in 1989 a Suffolk County Jury awarded $769,000 in the cases of Suzanne Firday v. Jerome Dangel, et als Suffolk Superior Court Civil Action No. 87-3883 Ms. Friday, was a victim of rape in a Boston office resulting from a landlord's refusal to repair a street level door lock. In March, 1991, a Suffolk County jury awarded $711,000 to Rena T. Nisonoff in the case of Nisonoff v. Glynn et als, Civil Action No. 89-7225, a victim of a rape in her Boston residential apartment resulting from the landlord's refusal to repair a window lock and fire escape. The total settlement in Ms. Nisonoff's case was $950,000 due to legal theories grounded on G.L.c.93A, the Massachusetts Consumer Protection Law. One week after the trial, the fire escape in question was rebuilt to block intrusion. In February, 1990 a $500,000 settlement was reached between Kathryn Welch and her landlord in the case of Welch v. Niles Co., et al, Suffolk Superior Court Civil Action No.: 77747. Ms. Welch was raped as a result of an overdistribution of master keys at the apartment complex. All materials in these case files remain open for public view at hours set by the Court.

In recent years, civil lawsuits for the recovery of monetary damages for victims of crims has become a surprisingly potent means of assisting those crime victims.

Although rape or sexual attack is by definition an intentional criminal offense, third parties may be held responsible for damages resulting from the criminal acts of others where the third party's relationship with the victim or criminal imposes a legal obligation to prevent injury. The law calls this legal obligation a "duty."

The duty to protect an individual from crime arises in several instances. Bus companies, public transportation authorities and other common carriers must take action to protect passengers from foreseeable criminal acts of third persons. Hotels, motels, bed and breakfasts and other innkeepers also owe a special duty to protect the guests from reasonably foreseeable acts of crime. This generally means that innkeepers owe a duty to provide proper security measures, security personnel and workable locks on doors and windows.

Similarly, colleges, universities and fraternities can be held liable for failure to protect students from criminal assaults by third parties. This does not mean just that colleges or fraternities must assure that security doors are locked to prevent intrusion from outsiders; liability may also arise if students or fraternity members known by college administrators to be assaultive are not prevented from committing further attacks. The extent of fraternity rape is just now being examined. Civil liability of fraternities and members is under

scrutiny by juries in several cases across the country.*

The most frequent cases involving victims of attack occur when landlords or other premises owners fail or refuse to repair locks, alarms or other building structures allowing criminal attacks to occur.

Another increasing area of liability however involves an employers' responsibility for an employee's violent acts where the employer knew or should have known that the employee had violent propensities. 3: These claims often involve bouncers in bars, security guards or other employees who have the opportunity to be in contact with the public where employees have criminal records or psychiatric backgrounds. Often, a civil case will be brought by a victim whose attacker has never been apprehended. It is not a prerequisite to a civil lawsuit that an assailant be found or convicted. In other cases, the assailant may become part of the lawsuit, in particular where damages are collectible because the assailant has available assets.

CRIMINAL PROSECUTION/CIVIL LAWSUIT
TWO ALTERNATIVES FOR THE VICTIM

For the victim of a volent crime there are two legal tracks available; the criminal prosecution and the civil lawsuit for damages. Both are available to the victim and run parallel to each other and while one track may affect the other, neither

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*At this writing the case of Krizer v. Pi Eta, Suffolk Superior Court Civil Action No. 89-4770E is awaiting trial on April 16, 1991. Mr. Newman represents the victim, Heidi Krizer who was raped in the Pi Eta Club in 1988. See Fraternity Gang Rape by Peggy Sanday, New York University Press @1991.

precludes or prohibits the other in any way. All cases of criminal prosecution are handled by the state district attorney's offices. Civil claims are prosecuted by private civil attorneys who do so on the basis of contingency fee; a percentage of any final settlement or verdict. This affords even the poorest access to the courthouse <u>if</u> their claim is a viable one. Private "civil" counsel are not directly involved in any criminal prosecution but may assist the victim in understanding and surviving the criminal system. In many cases, obtaining a criminal conviction of the assailant will strengthen a civil claim in that it helps to establish that the crime actually occurred. However, a civil case does not require a conviction in order to be successful.

WHEN TO SEEK CIVIL COUNSEL

In civil cases relating to victims of violent crime, the initial investigation of the claim is often critical to a successful outcome. Many witnesses must be located and questioned. Often, it may be necessary to establish that a premises had been the site of incidents of prior violent crime, the fact of which the landlord knew or should have been aware. This requires that civil counsel obtain and review public records for several years and find other victims. Because of the length of time of the investigation and the critical need to preserve evidence, civil counsel should be contacted as soon as possible.

The statute of limitations on civil tort claims in Massachusetts is three years from the date of loss. Although it is preferable to seek counsel as soon as possible, many claims

are successful even though attorneys are not retained until a year or two after the crime has occurred.

WHAT WILL THE LITIGATION PROCESS INVOLVE?

A civil claim for damages for a victim of crime will generally last between 12 and 24 months in Massachusetts. For the victim, the process involves direct personal involvment on two occasions; once for the "deposition," an opportunity for opposition counsel to ask questions of the victim under oath and once for the trial (if the case does not result in a settlement between the parties beforehand). A civil trial attorney will prepare the client extensively for both deposition and trial and should have a member on staff to offer support and advise the client.

HOW TO KNOW IF YOU HAVE A CIVIL CASE FOR DAMAGES AS A VICTIM OF VIOLENT CRIME

Each case involving potential civil remedies for crime victims is "fact specific" and requires review and evaluation by trial counsel experienced in this area of law and knowledgeable on the related case law. It must be established that someone could have and should have prevented the occurrence of a crime. The crime must be shown to have been "foreseeable" by the party sued but the term foreseeability is determined by various factors. Formerly, in many jurisdictions in the United States the victim was required to prove evidence of a similar crime which had occurred at the premises before liability could be established. This rule was based on the theory that a property owner had to be aware of the risk (foreseeability) of the crime complained of before culpability would be established. That rule

has changed. In Massachusetts, as in many other states, evidence other than prior similar crime may establish foreseeability so for example, a tenants complaints of a broken window might be enough now to show a landlord should have foreseen the dangers to that tenant. Other types of proof might include; inadequate or ill-trained security staff; broken window locks; inadequate lighting; or failure to evict undesirable tenants or students.

Most cases involving lawsuit against third persons by victims of crime will be covered by some type of insurance. The "collectibility" of judgments must be a factor considered by counsel in the initial evaluation and where large institutions are involved, this becomes less of a factor.

PUNISHMENT VERSUS COMPENSATION

Often, victims of violent crime understandably seek to punish others for the pain inflicted by the crime. Generally, it is the function of the criminal process to punish the guilty and the function of the civil process to compensate the victim rather than to punish. However, there are exceptions. Where a third party's gross negligence causes a death due to violent crime, the law in Massachusetts allows the victim's estate to request punitive (punishment) damages in certain cases. Punitive damages are not covered by insurance. In the case of a landlord who refuses to provide adequate security, claims may be brought under the Massachusetts Consumer Protection Act M.G.L. c.93A which provides that if the act of the landlord was either willful or knowing, then the Court (Judge) may award two or three times

compensatory damages. Chapter 93A also provides for payment of a victim's attorney's fees.

HOW MUCH DO YOU SUE FOR?

In Massachusetts, the law does not allow a litigant to ask for a specific sum of money in the court papers. Nor is an attorney allowed to ask the jury for a specific sum of money for the victim. However, there are historical factors that are considered in considering a victim's losses and determining fair compensation for the damages suffered. Obviously no one would trade any sum of money to undergo pain and suffering and exposure to death. The system of civil law as it has developed however, requires the jury to translate pain, both "physical" and "psychological" into dollars.

The law allows compensation for lost wages (past) as well as lost earning capacity (future). So, if a victim of crime finds it too difficult to work a regular job, the law allows for compensation for the lost ability to work. The law also allows compensation for humilitation and embarassment and lost enjoyment of life. Many victims of rape find it difficult to be in crowds or to enjoy friends or partners. Where this loss is based on the injury sustained, the law allows for compensation. At trial, the jury is shown evidence of the various losses and often psychiatric testimony is presented to help the jury understand the depth of the victim's suffering.

SUGGESTIONS FOR THOSE WHO WANT TO KNOW MORE

If you are a victim of violent crime or you know someone who is considering a civil claim for damages, talk with

other victims who have completed the process. Contact health care providers who regularly deal with these cases or speak with lawyers experienced and successful at trial in similar cases. More than 90% of the civil cases settle before trial. This usually occurs only because the case is well prepared and counsel for the victim has a track record of success at trial. With a well grounded, well prepared case, the chances of success are excellent.

Jeffrey A. Newman is Senior Partner in the firm of Newman, Durso & Itzkowitz in Boston. He concentrates his practice in the representation of victims of violent crime. Mr. Newman, a former prosecutor writes a weekly column for the Boston Herald, called the Legal Adviser and hosts a radio program on WHDH radio.

Notes

1. Rowland, Judith (1985) The Ultimate Violation - Rape Trauma Syndrome: An Answer For Victims, Justice in the Courtroom. New York. Doubleday (1985)

2. See Footnote 1

3 Sharpe v. Peter Pan Bus Lines, 519 N.E.2d (1988) (Sixteen year old girl waiting for bus in terminal is stabbed to death. Jury awarded damages to her estate. Massachusetts Appeals Court upholds the verdict, saying that the assailant probably would have been deterred from the attack if a uniformed security guard had been present.

4 Mullins v. Pine Manor College, 389 Mass 47, 449 N.E.2d 331 (1983)

5. Foster v. Loft, 26 Mass. App. Ct. 289 (1988)

PREVENTING VICTIMIZATION THROUGH THIRD PARTY VICTIMS' RIGHTS LITIGATION

by Frank Carrington

One could pirate the line from those Virginia Slim cigarette ads and say of the victims of crime in this country: "You've come a long way, baby!"

From almost total obscurity twenty years ago, the rights of crime victims have, today, become of paramount concern in our criminal justice system. Public and private efforts on behalf of victims (and witnesses) are now legion. In the public sector, President Reagan has proclaimed Crime Victims Week every year, established a Task Force on Victims and appointed an Assistant Attorney General to oversee government efforts to aid victims. Congress passed the Victim and Witness Protection Act of 1982 and the Comprehensive Crime Control Act of 1984 which provides for compensation and other assistance to victims. Virtually every state has enacted laws providing for victim compensation, and more and more states are enacting "Victims' Bills of Rights," restitution statutes and many other kinds of assistance programs.

In the private sector, organizations such as the National Association of Directors of State Law Enforcement Training, the National District Attorneys Association, the National Organization for Victim Assistance, National Sheriffs Association, the Victims Assistance Legal Organization and the Washington Legal Foundation all administer effective and comprehensive programs to advocate and enhance victims' rights. The Sunny von Bulow National Victim Advocacy Center is the newest, and very welcome, member of the "family". These national efforts are mirrored at the state and local level across the country.

All of these programs do a superlative job on behalf of victims; however, it should be pointed out, not in the least critically, that programs such as compensation, restitution, advocacy, counseling and others are *reactive;* the victims receive their benefits only *after* they have been victimized. One area of victim assistance, which is now coming to the fore in the legal field, has the potential to be *proactive,* to *prevent* a certain amount of victimization. This is the area of Third-Party Victims' Rights Litigation.

When a given victim is injured or killed, the law provides a civil remedy against the perpetrators in favor of the victims or their survivors: assault and battery for injuries caused by violent crimes against the person; wrongful death for homicides. The problem with this is that perpetrators are usually uncollectable defendants, in prison or on probation or parole, hardly likely to be able to pay large judgments in favor of the victims.

This situation has led to the development of Third-Party Victims' Rights actions whereby the victims (or survivors) in effect bypass suing the perpetrators and sue third parties whose negligence actually *facilitated* the victimization by putting criminals in positions of access to the victims.

Examples:

- An internationally famous singer was raped in her motel room because the motel failed to provide security for its guests. She won a $2.5 million jury verdict.
- A woman's husband was murdered by a convict with a record of 41 felony convictions and 17 escape attempts, who was free on an ill-conceived "take a-lifer-to-dinner" program. She recovered $186,000 from the state.
- A young woman was raped and murdered by a parolee who had raped and murdered in the past, but who was placed as a maintenance man in an apartment complex and given access to tenants' rooms. Her family recovered several hundred thousand dollars.

> "One area of victims' assistance ... has the potential to *prevent* a certain amount of victimization."

In recent years victims have sued, and won awards against: parolees and mental health officials for gross negligence in releasing convicts and mental patients who later murdered their victims; landlords and innkeepers for negligence in failing to provide security against criminal attacks for their guests and tenants; owners and operators of business premises, schools, hospitals, etc. for allowing criminal attacks on their premises; common carriers for assaults in subway and bus stations; employers who negligently hire persons who, in the course of their employment victimize others; and, law enforcement officers who fail to protect people whom they had a duty to protect.

A survey — made by the writer of this article — of third party actions brought by victims since 1983 disclosed that over $100 million had been awarded in cases such as are listed above. These money awards certainly vindicated the rights of third party victims and survivors; but, perhaps more important, it put the defendants in the cases, and others in similar positions, on notice that if they are negligent or grossly negligent in failing to protect or prevent crime when they have a duty to do so, then the law will give a remedy against them to the victims of such crimes. If for no other motivation than their own enlightened self-interest, third parties will begin to "clean up their acts" and take precautions to prevent future crimes in order to protect themselves from future liability. Any number of innocent persons who might have become victims may now be spared because of the preventive effect of Third-Party Victims' Rights Litigation.

The concept of Third-Party Victims' Rights Litigation is a relatively new phenomenon on the legal scene; however, it is an "idea whose time has come". A concise but penetrating prediction regarding the future of Third-Party Victims' Rights Litigation appears in a decision handed down by the prestigious United States Court of Appeals for the District of Columbia Circuit. In *Halberstam v. Welch*, the Court upheld a third-party action for civil conspiracy filed by the estate of a man murdered by a burglar, against the burglar's live-in-companion. In enunciating the policy rationale for its decision, the Court stated:

> Tort law is not, at this juncture, sufficiently well developed or refined to provide immediate answers to all the serious questions of legal responsibility and corrective justice. It has to be worked over to produce answers to questions raised by cases such as this. Precedent, except in the securities area, is largely confined to isolated acts of adolescents in rural society. Yet the implications of tort law in this area as a supplement to the criminal justice process and possibly as a deterrent to criminal activity cannot be casually dismissed. We have seen the evolution of tort theory to meet twentieth century phenomena in areas such as product liability; there is no reason to believe it cannot also be adapted to new uses in circumstances of the sort presented here. This case is obviously only a *beginning probe into tort theories as they apply to newly emerging notions of economic justice for victims of crime.* For present purposes, we are satisfied that the district court's factual findings and inferences fit into existing concepts of civil liability for concerted tortious actions through conspiracy and aiding and abetting.

Mr. Carrington is a practicing attorney and Executive Director of the Victims Assistance Legal Organization (VALOR) in Virginia Beach, VA. He served as a member of President Reagan's Task Force on Victims of Crime and is a past chairman of the Victims Committee of the American Bar Association.

VALOR (1023 Laskin Rd., Suite 109, Virginia Beach, VA, 804/422-2692) is a national not-for-profit clearinghouse of information for attorneys and advocates who are involved in enhancing the legal rights of crime victims.

References for this article are available upon request.

VICTIMS' RIGHTS: LAW AND LITIGATION

By

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and

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Matthew Bender

Times Mirror Books

[3]—Expanded Third-Party Liability: The Tort of Victimization

A significant element in the victims' rights movement is the trend towards *third-party* lawsuits. Victims of crime and violence, often dissatisfied and disillusioned by the results of the criminal justice system, bypass their primary action against the perpetrators and assert their rights of action against third parties whose negligence put the perpetrator in a position to victimize or who failed to prevent the victimization. The bulk of this work considers under what circumstances third parties are liable for the crime and violence of others. This litigation, through a variety of theories and descriptions, has established a tort of "victimization."

§ 1.02 The Theory of Victims' Litigation

[1]—What Is Victims' Litigation?

In recent years a distinct body of law has developed regarding claims by victims against third parties and perpetrators. These victims have generally suffered violent, traumatic crime against them. To a lesser degree, they may be victims of property crimes such as damage resulting from mob violence or riots.

Victims' litigation is based, at the outset, on traditional tort law principles. This litigation is a unique aspect of personal injury law, however, because victims' actions involve harm done to fellow human beings by the willful, intentional and often atrocious acts of others. From a purely factual basis, therefore, litigators have circumstances from which there may be an emotional desire to provide some remedy.

A significant element in current victims' litigation is that suits are being brought against third parties either in addition to, or in lieu of a claim against perpetrators. Third party lawsuits have a very definite advantage as far as the victims are concerned. A judgment against the third-party defendant will usually be eminently collectable: A well-insured national motel chain, for example, will be able to pay damages to a victim who has been raped on its premises due to a negligent failure on the part of the innkeeper to provide proper security against such assaults.

From a societal point of view, third-party victim lawsuits have built into them the potential to prevent future victimization. For example, correctional officials who have released a demonstrably dangerous individual into society only to see the releasee murder or assault someone else might think twice before making another such disposition if they knew that they could be held civilly liable for the consequences of their negligence in handling their charges. The goals of victims' litigation, as many other aspects of tort law, are not only compensatory but also preventive.

[2]—Types of Victims' Actions

Victims' actions fall into three major categories:

- *Perpetrator v. victim:* Perpetrators, often motivated by a desire to harass, file suits against their victims. Although usually dismissed, the resulting trauma can jeopardize a victim's willingness to participate in criminal or even civil proceedings against a perpetrator.[1]
- *Victim v. perpetrator:* Victims uniformly have civil claims against perpetrators. These lawsuits usually are not difficult to win and, in fact, many criminals simply default. The main problem is that judgments often are uncollectible. Further, in many instances, the perpetrator is never apprehended or even identified.[2]
- *Victim v. third party:* Victims increasingly are filing lawsuits against third parties who either placed perpetrators in positions or circumstances where they could victimize, or failed to prevent reasonably foreseeable crimes. The bulk of this work is devoted to these kinds of cases. The trend, evident from appellate court decisions, is that courts are increasingly inclined to hold third parties responsible for victimization.

In addition to these categories of cases, victims may have various alternative remedies, including court ordered restitution and government crime victim compensation.[3]

[4]—Theories of Recovery

[a]—In General

Property owners and operators generally are not liable for the intentional acts or misconduct of third persons unless "special relationships" or "special circumstances" exist.[35] Because of this basic rule, victims' litigation largely involves efforts to establish a necessary relationship or appropriate circumstances.

Where an appropriate relationship exists, litigation focuses upon the circumstances presented and whether a duty arises to protect patrons or customers. In doing so, courts typically apply a rule summarized in (and often quoted from) Section 344 of the Restatement (Second) of Torts:

> "A possessor of land who holds it open to the public for entry for his business purposes is subject to liability to members of the public while they are upon the land for such a purpose, for physical harm caused by the accidental, negligent, or intentionally harmful acts of third persons or animals, and by the failure of the possessor to exercise reasonable care to
>
> "(a) discover that such acts are being done or are likely to be done, or
>
> "(b) give a warning adequate to enable the visitors to avoid the harm, or otherwise to protect them against it."

By virtue of this rule, a possessor of land may be under a duty to exercise reasonable care to give persons on the land protection from the criminal acts of others. Although a negligence theory is most often raised in victim's litigation, others such as statutory, contractual and misrepresentation theories also may apply.[36]

[b]—Checklist of Special Considerations

Since victims' cases may succeed or fail depending upon the circumstances present, it is incumbent upon counsel to review the facts extremely carefully. Because special circumstances are usually required to establish a claim, they must be fully identified. The following checklist highlights certain considerations which may support a victim's claim.[37]

PRE-INCIDENT

- ☐ Failure to inspect premises to determine security or other risks.
- ☐ Failure to construct or maintain the premises without architectural or design defects that might facilitate criminal predators.
- ☐ Failure to investigate the backgrounds of prospective tenants or other persons on the premises where possible to do so.
- ☐ Failure to warn persons lawfully on the premises of the possibility of criminal assaults or other conditions.
- ☐ Failure to take reasonable measures to provide ingress and egress to assure safety from criminal harm.
- ☐ Failure to limit access to the property by third parties.
- ☐ Failure to prevent intruders or strangers from using or being in areas where they should not be (*e.g.*, hallways, common areas, etc.).
- ☐ Failure to secure vacant rooms or areas.
- ☐ Failure to provide or take suitable or adequate security measures.
- ☐ Failure to sufficiently train or instruct security guards or employees.
- ☐ Failure to suitably equip security guards or employees.
- ☐ Failure to protect persons against criminal harm by others.

INCIDENT

- ☐ Failure of security guards or employees to discharge their responsi-

bilities in a suitable, non-negligent manner and without endangering others.

- ☐ Failure to call the police where circumstances warrant.
- ☐ Failure to accede to criminal's demands.
- ☐ Failure to avoid creating or allowing the continuance of security hazards which did not previously exist.
- ☐ Failure to rescue or aid victim.

OTHER CONSIDERATIONS

- ☐ Breach of implied warranty of habitability requiring that tenants be provided security.
- ☐ Violation of tenant ordinances or legislation requiring safe or secure premises.
- ☐ Violation of express or implied contractual obligations.
- ☐ Misrepresentation of the existence of crime or the level of security provided.
- ☐ Liability imposed by dramshop legislation.
- ☐ Negligent employment of personnel.[38]

[5]—Defendants

The usual defendants in victims' actions involving premises are the innkeepers, landlords, and other business owners or operators. Circumstances may also justify claims against others, however, such as employees and security services.[39]

§ 11.03 Victims' Actions Against Landlords

[1]—The Landlord-Tenant Relationship

At common law, the relationship between a landlord and a tenant did not impose upon the landlord a duty to protect the tenant from the crime of third persons. The common law was predicated on the assumption that a lease was in fact a conveyance of an estate in real property for a term. The tenant received exclusive possession of the land and assumed all related responsibilities. The common law focused on possession rather than service.[1]

Cases have since modified the common law. "As urban communities grew, the common law recognized the essential differences between the lease of urban dwelling units and the lease of land for agricultural purposes, and the law evolved to better fit these changed circumstances."[2] Although not an insurer or guarantor of personal safety, under developing law a landlord generally must exercise ordinary care and prudence to prevent foreseeable harm by third parties.[3]

In victims' litigation, plaintiffs who have been attacked by third parties often argue that a landlord failed to meet the threshold standard of care. Additionally, plaintiffs have attempted to base recovery on an implied warranty of habitability, applicable landlord-tenant legislation, and other contract theories.[4]

Springfield Sunday Republican 2/21/1988

Incest survivor seeks justice

'Hamp woman sues her abuser

By WESLEY BLIXT

NORTHAMPTON — Lisa Lounsbury was sexually abused by her stepfather as a child. Now she wants justice, and to heal her life.

Lounsbury, 21, of Florence, has filed a civil suit — the first of its kind in this area — seeking unspecified monetary damages against the man who has admitted sexually abusing her when she was between the ages of 10 and 13.

Lounsbury hopes the civil suit she has filed will not only give her the justice she feels she was denied in the criminal case against her stepfather, but will help her heal her life.

* * *

Lounsbury alleges in her suit, filed in Hampshire County Superior Court in December, that she "continues to suffer severe and extreme pain and emotional distress" because of the abuse that began when she was in sixth grade.

In December 1986, Ralph Reade, currently of Shelburne Falls, was convicted of indecent assault and battery after he admitted that between 1980 and 1983 he got into bed with his stepdaughter and fondled her sexually — sometimes on a daily basis.

Reade was a science teacher at Mohawk Trail Regional High School in Buckland during most of that period. He resigned shortly after Lounsbury disclosed the abuse to a high school counselor there in May 1986. Reade pleaded guilty and was sentenced to three years probation, which ended last year.

For Lounsbury, the civil suit promises to turn a long and arduous private odyssey into an unusually public one.

"He violated me and took away my childhood. That is priceless. I can't go through my childhood again as a normal child," said Lounsbury, a Cooley Dickinson Hospital nursing assistant who plans to become a nurse.

"I'm interested in justice. The state held him accountable before, and I asked for leniency at sentencing. I regret that.

Sunday Republican FOCUS

"Now, I'm going to hold him accountable, and I'm going to protect the little girl that didn't get to live a normal life."

For the courts, it is a leap into a new area of litigation, as sexual abuse survivors begin to confront their abusers as adults in civil courts, sometimes years after trying to confront them as children in criminal courts.

For Reade, it means a public resurrection of events that were dealt with in the relative privacy of a plea five years ago. Through his attorney Geoffrey Wilson, Reade declined to be interviewed or to comment on Lounsbury's suit.

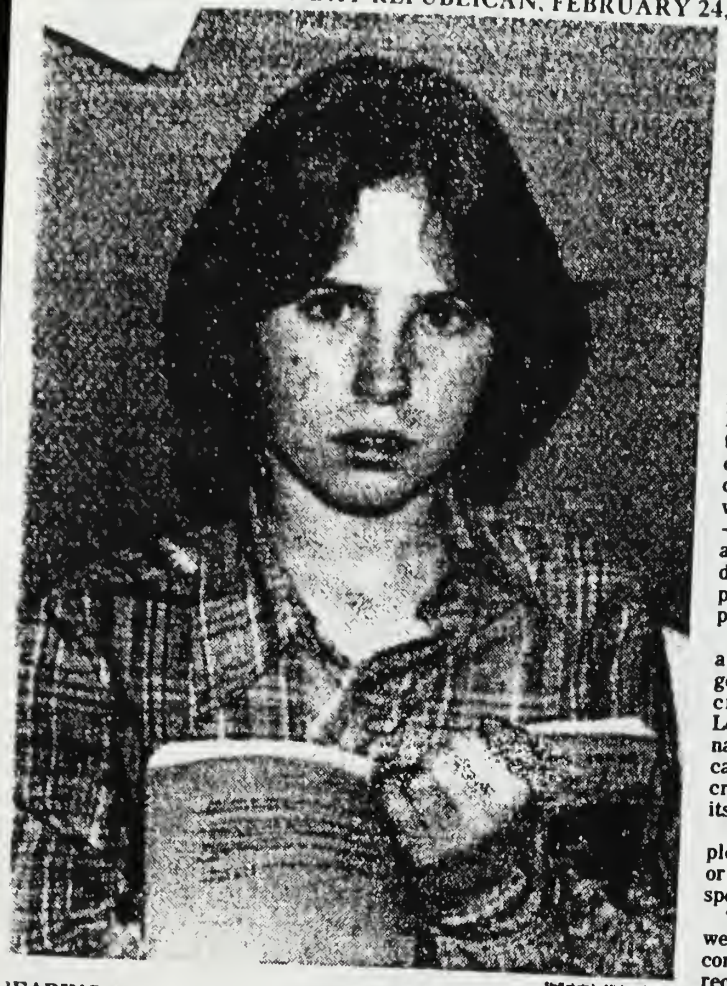
And for the community, say advocates for abuse survivors,

Continued on Page A-14

Staff photo by Michael Gordon

BREAKING THE SILENCE — Lisa Lounsbury, 21, of Florence has filed a civil suit against her stepfather, who sexually abused her as a child. She wants justice, she says, and "to protect the little girl that didn't get to live a normal life."

Incest survivor confronts abuser



Staff photo by Michael Gordon

EARING A TERRIBLE SECRET — Lisa Lounsbury at 10, when er stepfather began sexually abusing her. Her emotions were torn etween shame and confusion — she still loved her stepfather and id not want to do anything to tear apart the family. His assaults ontinued for three years.

Continued from Page A-1

Lounsbury's case represents a rare opportunity to fully confront a hidden tragedy, the impact of which is often blunted at the time of a criminal trial, partly to protect the privacy of both defendants and young victims.

* * *

While child sexual abuse dominates court dockets in Western Massachusetts — comprising up to 40 percent of all Superior Court cases in Hampshire and Franklin counties, according to the Northwestern District Attorney's office — victims like Lounsbury remain anonymous; and guilty pleas by defendants like Reade draw little public attention, and leave little public record.

Lounsbury's suit calls the sexual abuse of a child "extreme, outrageous, and utterly intolerable in a civilized community," but Lounsbury said despite the criminal conviction, the facts of the case have remained as much a secret as they were during the abuse itself — until now.

"I don't know whether the people didn't want to acknowledge it or they didn't know how to respond," said Lounsbury.

"Through the whole thing, there were rumors, but nobody in the community said anything. I only recently told one very close friend. Not many of these things are ever brought out, I guess.

"Not many children ever feel safe enough to disclose," she added. "I hope, through this case, they now will."

That mission is central to Lounsbury's case, according to her attorney, Stewart Eisenberg of Greenfield.

Pointing to civil suits over asbestos and the Dalkon Shield Intrauterine device, Eisenberg said that civil cases can pack a powerful social wallop.

"What Lisa is doing is calling attention to a profound violation in a way that will serve notice to abusers of the consequences of their actions," said Eisenberg.

* * *

Abuse survivors and those who counsel them say that sentences in family sexual abuse cases rarely fit the crime.

"Part of the problem is that abusers are not being held responsible for criminal acts. Society basically tells them it is OK," said Bonnie McKee, a sexual abuse counselor at the New England Learning Center for Women in Transition.

"The myth is that an abuser is some sick man who happens to have access to a child, or that it only happens in poor families. We don't want to face the fact that it is a problem of epidemic proportions, and that it cuts across class lines."

* * *

While Lounsbury's suit is a first here, incest civil suits are increasingly being viewed as a vehicle for recovery — both monetary and emotional.

Ellen Bass and Laura Davis offer a legal strategy, and a list of lawyers, in their highly acclaimed book, "The Courage to Heal: A Guide for Women Survivors of Sexual Abuse."

And the strategy is being quietly applauded by some court officials.

"We can't be perceived as encouraging suits, but some of us think it's great," said one official who asked not to be named.

However, the legal path for victims in both criminal and civil arenas is tortuous, warned Eisenberg, because sexual assault cripples the very resources that enable a victim to seek a legal remedy.

"It twists and plays on the ability to remember," he said. "It impairs a victim's ability to trust friends and family. It warps his or her sense of self as a physical being, and impairs the ability to give and receive love."

Many victims do not recognize the effects of what has happened to them until years after the abuse has ceased. Criminal cases, if they occur, are built on the fragile foundation of a child's testimony; civil proceedings, years later, are built on equally fragile memories that haunt and disfigure the life of an adult survivor, said Eisenberg.

* * *

Most states have statutes of limitations on recovering damages. In Massachusetts, it is three years.

For victims of child sexual abuse, the three-year clock begins ticking at age 18, or when damages were first discovered, if it can be shown that damages were not immediately recognizable.

While many states now apply the legal doctrine of "delayed discovery" to incest, the principle is applied unevenly and at the discretion of the courts, according to the National Organization for Women's Legal and Education Defense Fund, which has become an informal clearing house on the issue.

Because Lounsbury filed suit just weeks before her 21st birthday, delayed discovery is not an issue. Others are not so lucky.

"Ruth" of North Adams, who asked that her real name not be used, was molested by an uncle when she was between the ages of 5 and 9. It was not until 1989, however, when her own children reached that age, that she remembered.

She subsequently decided to sue in Delaware, where the abuse occurred.

"Everybody told me, 'No, you can't do it.' I talked to civil rights lawyers. They said they didn't have experience. I talked to women's lawyers. They said I didn't have money. Lawyers don't seem know about this. And women don't know their rights."

Ruth was finally steered to a lawyer by NOW. But it was too late. Delaware's two-year statute of limitations expired Jan. 28, 1991, with Ruth literally waiting in line to file her suit.

She said her abuser, an uncle by marriage, has admitted to family members molesting 24 children, and has never been formally charged.

"I don't want this to happen to others," Ruth said. "Too many women don't know their rights, while the abuser remains free to molest others."

Disclosure opened a path to survival

By WESLEY BLIXT

Telling her story has become critical to Lisa Lounsbury's evolution from victim to survivor.

"Being a victim is hiding, and I don't want to hide anymore," she said recently. "Once I disclosed, I started to emerge from being a victim."

Growing up in Greenfield, Shelburne Falls and then Buckland, Lounsbury led two very separate lives, she says. There was an apparently normal childhood of her daylight hours, Lounsbury recalls, with her mother, a nurse; her stepfather, a well-respected high school science teacher who coached soccer and advised the photography club; and her five younger brothers.

Then, there was another existence — a shadowy place between childhood and adulthood, between sleep and wakefulness, that dominated her nights.

Her mother married Ralph Reade when Lounsbury was 2 years old, she said. Lisa was never anything less than his favorite, and he was never anything less than "Daddy," she said.

"I never considered him anything but my father. Even during the abusive years, I still referred to him as daddy. That's what I wanted him to be."

"He always treated me differently, even when I was little. Sometimes he used to say he married my mother because he was so in love with me. I thought he meant fatherly love.

"As far as the abuse itself goes, I don't remember it starting and I don't remember it ending.

"It doesn't just start, anyway," she continued. "You have to have a subliminal groundwork, and the moves are started before the abuse starts. I don't know when he stopped treating me as a daughter, and started paying too much attention to me, but I do know I basked in it. I didn't see it then as him molding me."

Her mother, Judith Reade, worked nights so that she would be available to her children during the day. Lounsbury said that Ralph Reade fostered the illusion that Lounsbury's mother somehow knew about "it" — the thing for which Lisa had no name at the time.

"I awoke and it would be happening," she said.

"During the day, everything was fine. I knew what he did and how awful it was, but I didn't want to admit it. You think if anyone ever finds out, it will destroy the family.

"I thought the whole world will think I'm bad.

"I never had anyone come over to the house, because I was always afraid that even if he didn't do anything, they would know somehow, they could feel it. There was always tension and I knew that eventually I was going to have to go to bed.

"My parents were having their own problems, and because he was my daddy, I felt sorry for him. I tried to justify what he did. That was the kind of spell he had me under.

"I already thought mommy hated me because she didn't protect me. 'If you ditch ' I thought, 'you ditch everybody.' That was too much for me to handle. So I paid the price, and made him my 'day-time daddy.' That's what I started calling him."

Just why the abuse stopped, said Lounsbury, isn't clear.

"I believe he was aware that I was getting older and wasn't going to keep it a secret. He was getting more touchy with me in the day time, and I was able to say, 'Listen, I don't like this. If you're going to kiss me that way, a French kiss on the mouth, I don't want any part of it. You're my father, not a boyfriend, not a husband.' I was about 14 then," she said.

It wasn't until May 1986, when Lisa was finishing 11th grade, that she told anyone what had happened. A Mohawk guidance counselor, she said, "just happened to ask the right question." That set in motion a chain of events that led to Reade's arrest in June, and his conviction in December.

However, it was hardly the end of the nightmare for Lisa, who continued to live at home, as did her stepfather, at least in the beginning. Until recently, she noted, it was state policy to remove the young victim, rather than the adult abuser, from a sex-

"I attempted suicide. I would have done anything — I just wanted the pain and shame to end," she said.

"My mother was ready to throw him out the day I disclosed, but I said, 'No, the kids need him and, in a way, I still need him.' He was a good father during the day. He might have gone to jail, but my mother didn't ask for a stern sentence. I said I didn't want him to go to jail."

Her parents have since separated.

In the four years since, Lisa Lounsbury has married, enlisted in the Army, moved to Germany, and separated from her husband. She has suffered ongoing emotional and physical ailments, including ovarian pain and cervical problems that she attributes to her experiences as a young teenager.

She is a Reservist, hoping to enlist in a nursing program, but prepared to be called to the Persian Gulf.

The evolution of her abuse and its aftermath are described by advocates and counselors as "classic," from the disassociation and self-hatred of the early years, to the failure of her memory and the shame that she still encounters.

"Sexual abuse devastates, and a victim suffers its effects forever," said Bonnie McKee of the New England Learning Center for Women in Transition. "It's not like people just grow up and get over it."

The course of Lounsbury's recovery, however, is described as heroic by her attorney, counselors, other victims, and even court officials.

"I have a profound admiration for who Lisa is, for what she is doing, and for the way she is doing it," said Stewart Eisenberg of Greenfield, her attorney.

For Lounsbury herself, it is an ongoing and difficult effort "just to be normal."

"Every survivor just wants to be normal," she said. "Every survivor just wants to understand."

Boston Globe 2/12/91

Grandfather agrees to pay stepchild he raped

A 78-year-old Kingston man has agreed to pay $250,000 to a step-granddaughter whom he had raped and indecently assaulted when she was between 7 and 12.

Charles L. Leland, who was once an East Bridgewater selectman, agreed to the settlement just as a jury was about to be empaneled to hear the civil trial in Plymouth Superior Court Friday.

Leland pleaded guilty twice to four charges of rape and of indecent assault and battery – in Woburn District Court in October 1986, and in Plymouth Superior Court in Brockton in February 1987.

According to Ilene Belinsky, attorney for the victim, who is now 20, the young woman reported rapes going back to when she was 2. Those charges were dismissed because the statute of limitations had expired.

Superior Court Judge George B. Hurd sentenced Leland to four to eight years for the rapes and to three to five years for the indecent assaults. He suspended the sentences for five years.

Belinsky said the victim agreed with her parents to sue her rapist, feeling that the sentence was too lenient. The action was taken despite pressure from the rest of the family to "keep this within the family," Belinsky said.

Both Belinsky and the victim's father said the young woman did not mind the possible publicity and potential disclosure of her identity "because it might help other victims to find the courage to come forward and sue," in the father's words.

Belinsky said that when the offer was made, the victim and her family agreed to settle for a number of reasons, among them the fact that it would spare the victim the need to testify and submit to cross examination. "Testifying is stressful enough, but when you are a rape victim and you have to testify, that is the most stressful of all," the lawyer said.

Belinsky said that as far as she knows, this is the largest such compensation in Massachusetts. There has been a $500,000 jury award in Connecticut, she recalled, and one for $1.2 million in Colorado.

The victim, Belinsky said, would have "presented very well as a witness," but this, paradoxically, might persuade a jury that she had not suffered as much distress as she says she has.

"She has never gotten over it," Belinsky said. "Even now, she cannot trust herself and questions herself whenever she has to make a decision. And she cannot trust others. My God, grandparents? If you cannot trust your grandparents, the ones who love you unconditionally, the ones to whom you run when your own parents are mean to you, whom can you trust?"

PAUL LANGNER

BOSTON GLOBE 11/31/91

$10.1m awarded in drunken driving suit

CAMBRIDGE – A Framingham family involved in a car crash with a drunk driver in Bellingham in April 1988 was awarded more than $10.1 million yesterday by a Middlesex Superior Court jury.

Harold and Joyce Davis and their twins, Matthew and Caroline, filed suit shortly after the accident, which severely injured Matthew, said the family's attorney, T. Clinton Smith Jr.

The Davis car was struck after a collision between a car driven by Oswaldo Mendez, formerly of Bellingham, and a car driven by Jody Williams of Milford, Smith said.

Mendez later was convicted of charges including a third offense of operating under the influence and operating a vehicle after suspension of a license for operating under the influence, and was sentenced to 18 months in prison, Smith said.

Williams later was convicted of speeding and operating to endanger and received a six-month suspended sentence with a one-year probation, Smith said.

Other defendants included Bogart's Inc. in Milford, the China Lotus Restaurant in Medway and the Alleyway Lounge in Milford, all of which the suit contended should not have served Mendez alcoholic beverages because he was intoxicated.

EFRAIN HERNANDEZ JR.

PATRIOT LEDGER 2/1/91

$900,000 settlement reached in Canton drunken-driving death

DEDHAM — The parents of a 24-year-old Canton man killed in a 1987 drunken-driving accident agreed Wednesday to a $900,000 out-of-court settlement with the insurance company that covered the driver.

It is one of the largest settlements in a Massachusetts wrongful death case involving an unmarried man.

The settlement between the parents of Raymond Bradford Allen Jr. — a nephew of Red Sox Manager Joe Morgan — and Reliance Insurance of Philadelphia was made as the case was being prepared for a jury trial in Norfolk Superior Court.

"We were very pleased," said attorney Gail M. Thalheimer of Brockton, one of the lawyers for Theresa and Raymond Allen Sr. "It spared them from going through a trial and reliving the whole incident."

Allen, an auto parts manager for Norwood Cadillac, was a passenger in a car driven by his longtime friend, Kurt I. Beaumont, then 25, of Sharon.

Police reported seeing Beaumont's car speeding near Walpole Street in the early morning hours of April 25, 1987.

Police at the time said Beaumont apparently saw the cruiser, shut off his car lights and turned onto a country road where his car struck a utility pole.

Allen was killed instantly. Beaumont, who was not seriously hurt, pleaded guilty to vehicular homicide and drunken driving charges.

Beaumont was an employee of Foreign Auto Parts Inc. and was driving a company car, which he had authorization to drive.

Foreign Auto Parts had a $1 million automobile insurance policy on the car, according to the Allen family's second lawyer, Frederic N. Halstrom of Boston.

The Eagle Brook Saloon in Foxboro, which was accused in the lawsuit of serving alcohol to Beaumont on the night of the accident, paid $25,000 to the family as part of the settlement.

Boston Globe, 8/8/90

School settles in sexual-abuse negligence case

By Alison Bass
GLOBE STAFF

In the first case of its kind in Massachusetts, Cambridge's Buckingham, Browne & Nichols School and a former school psychologist have settled for more than $70,000 a civil suit charging them with negligence and failing to report allegations of sexual abuse by a former teacher.

The settlement should send clear signals to other schools and institutions that they could pay a heavy price for not reporting incidents of child abuse to authorities as required by state law, law enforcement officials said.

"If we are to succeed in combating child abuse, professionals in contact with children must comply with the mandatory reporting statute," said Middlesex District Attorney Scott Harshbarger, who prosecuted criminal charges arising from the same episode against BB&N and its headmaster in 1988. "This civil action further emphasizes the message that there will be a price to pay if instances of child abuse are not reported."

Clyde Bergstresser, the attorney representing the parent who won the settlement, called it "precedent-setting" because it is the first time damages have been paid as a result of failing to report child abuse.

ABUSE, Page 12

School settles in abuse case

■ **ABUSE**

Continued from Page 1

Officials at the school, however, said they do not believe the settlement sets any important precedents. Assistant headmaster Marjo Talbott said the school considered it a nuisance suit and settled to avoid drawn-out litigation.

The settlement, reached July 25 but disclosed by the family this week, is the latest twist in a scandal that began in February 1987 when BB&N fired Edward H. Washburn, a teacher at the school, after learning of allegations that Washburn had sexually abused three boys – two of them BB&N students – and propositioned a fourth.

Washburn, 47, the son of Bradford Washburn, explorer and director emeritus of the Boston Museum of Science, later pled guilty to raping one student – who was also his nephew – and to a lesser charge of sexual abuse of another boy. He received a suspended sentence in December 1988.

During the criminal case against the school, BB&N headmaster Peter Gunness acknowledged that he had violated state law by not immediately reporting the abuse to the state Department of Social Services. The school was fined $1,000, the maximum penalty.

The more recent civil suit was brought by Edward Washburn's sister, who is the mother of one of the abused boys. She asked The Boston Globe not to identify her in order to protect her son and other children.

In addition to charging BB&N with the reporting violation, the suit also charged Michael Thompson of Arlington, a former BB&N school psychologist, with negligence and conflict of interest in counseling Washburn's sister at the same time he was counseling Washburn and acting as school psychologist.

Neither Thompson nor his attorney could be reached for comment. Sources close to the case said the cost of the settlement was shared by Thompson and BB&N.

Washburn's sister, who lives in Newton, said she filed the suit because she believes many schools and other institutions continue to cover up instances of child abuse by staff or faculty members.

She noted that if the Middlesex district attorney's office had not been tipped off about Washburn's offenses, no one would have known why he was fired.

"By quietly discharging him and not telling anyone why, they left a lot of other children holding a shameful secret," said Bonnie Foz, an advocate for abuse victims and a friend of Washburn's sister who has followed the case for years. "It might also have left other kids at risk – particularly if Washburn had gotten another job teaching."

The school did not tell parents the reasons for Washburn's discharge until three days before prosecutors indicted him for rape in October 1987. While Middlesex prosecutors said at the time that as many as 10 or 12 boys were sexually abused, only two were willing to be cited in the indictment.

"Until schools understand that when parents and children come forward they must be respected, supported and listened to, many children won't come forward," Washburn's sister said. "And as long as it stays a secret, this kind of abuse is still going to go on."

Child abuse experts say that when parents or institutions do not deal openly with child abuse, the young victims often blame themselves for what happened. Research has shown that such abuse is shockingly common – afflicting, according to many experts' estimates, one in every five girls and one in every seven boys.

Since the Washburn episode, BB&N has held a number of seminars for students and families on child abuse and developed model guidelines for dealing with such situations, said Talbott.

"We feel our school has gone through a difficult situation and we have learned a great deal from this," Talbott said. "We feel very sympathetic to the distress this family has endured, and we have done a great deal to put forth a clear policy about sexual abuse."

BOSTON GLOBE, 5/18/90

Daughters win sex-abuse case against father

By Alison Bass
GLOBE STAFF

In a precedent-setting case, a Belmont woman this week won a multimillion-dollar jury award against her father for sexual and physical abuse. In an interview yesterday, she said she filed the suit because she wanted to let a "little girl" from Beverly know that not everyone gets away with child abuse.

An all-female jury in Denver Wednesday awarded Sharon Simone, 45, and her sister $1.2 million each after a trial in which the two testified that their father, a former FBI agent and adviser to law-enforcement agencies on child abuse, had sexually abused and beaten them while they were growing up.

Simone said she filed the suit after reading about an 8-year-old girl from Beverly who had been taken to court to watch her abuser's sentencing – only to watch him go free.

"I had not filed a lawsuit against my father at that time, but after I read that article, I felt such an outrage and such a connection to that girl," Simone said. "I decided then that I was going to show this little girl that not everyone who abuses children gets away with it."

Simone was referring to an article by Globe columnist Bella English regarding the case of Michael R. Ferguson, a 41-year-old former shop teacher who had pleaded guilty to raping his neighbor's daughter. His young victim went to Supe-

ABUSE, Page 21

Daughters win $1.2m jury awards in sex-abuse case against father

■ ABUSE
Continued from Page 17

nior Court with her parents on the day Ferguson was to be sentenced because they had been told that the sight of her attacker being led off to prison would help her on the long road to recovery from the experience.

Instead, Judge John T. Ronan gave Ferguson a suspended sentence. Ronan said that in deciding against incarceration, he had given considerable weight to a half-dozen character witnesses, including the pastor of Ferguson's church, who had spoken on his behalf.

"I decided that I was going to hold my father accountable for [this girl], for my sister, for my brothers and for myself," Simone said. "I want to tell that little girl, whoever she is, that not everyone who abuses a child will walk away without knowing what they have done to your soul."

Several lawyers said the Colorado case is precedent-setting both because of the size of the award and the type of case. Similar cases have been filed in Massachusetts, but none has yet gone to trial.

"I think this verdict will pave the way for other suits," said Kathleen Franco Domenico, one of the Denver attorneys who represented Simone and her sister, Susan Hammond, 44, who lives in southern California. "There has been a reluctance to bring these suits because the nature and extent of the injuries aren't recognized for a long time and, in many states, statutes of limitations apply."

'I want to tell that little girl, whoever she is, that not everyone who abuses a child will walk away without knowing what they have done to your soul.'

SHARON SIMONE

In the Denver case, Domenico said, the judge ruled that the statute of limitations did not apply in cases of child sexual or physical abuse. In 1988, Judge Herbert Abrams of the Massachusetts Superior Court reached a similar ruling in an incest case, but that case was settled out of court last year.

In their 1989 lawsuit, Simone and her sister testified that their father, Edward J. Rodgers, had repeatedly beaten and sexually abused them between 1944 and 1965. At the trial, Rodgers admitted that he had hit his wife and may have hit his children, but said he did not remember doing so.

Rodgers, now 72, had been employed for years as chief investigator for the El Paso County district attorney's office in Colorado, and as an adviser in child abuse cases. He previously had worked for the FBI for 27 years.

Rodgers attorney, Thomas Tresnam, said he had been unable to locate his client since April 24. Domenico said the last she had heard, Rodgers was reported to be near the Texas-Mexico border. Simone and Hammond say they doubt they will ever collect the money awarded to them.

"I didn't do it for the money," Simone said. "I never expected we would win this way."

Child protection specialists say that women who were abused as children are increasingly turning to the courts for redress, in part because criminal charges are very rarely brought against abusive parents or family friends. And when they are, judges and others are often reluctant to believe that outwardly respectable middle-class men would cause serious harm to children.

"These victims have a lot of shame, guilt and humiliation about what happened," said Linda Jorgenson, a Cambridge lawyer and member of the state legislative commission on sexual misconduct. "Just as with women who are sexually abused by their psychotherapists, there is a violation of trust and a feeling of being betrayed due to the inaction of others. If your father abuses you and your mother covers it up, you begin to wonder if you're right or not; you begin to doubt yourself."

District Court Appellate

Damages

Sexual Assault - Child Victim

Where evidence indicated (1) that the defendant, a trusted family friend, sexually abused a 13-year-old child plaintiff on 25 occasions over an 18 month period by having the boy masturbate and by once initiating anal intercourse from which the boy pulled away and (2) that such abuse caused the victim to distrust adults and suffer from post-traumatic stress syndrome, a trial judge did not abuse his discretion by awarding the victim $250,000 in damages.

Having said this, and ruling that the trial judge did not commit reversible error in neglecting to make written findings of fact, we affirm the court's judgment for the plaintiff and its attendant damage award.

Damage Issue

["We must first determine] if this award of $250,000 for sexual abuse was so arbitrary as to amount to an error of law. We first acknowledge that this was not compensation for merely transitory emotional distress but for emotional harm associated with a major emotional disease of interminable length. Though the disproportion between special damages and the award is apparent, it is manifest that this young man's adolescence was injured and his familial relations damaged by persistent acts of sexual abuse committed by a trusted adult. The unnatural acts and anal rape's effects on the boy's self-image, emotions and sensibilities were witnessed by the one who heard the testimony and saw the witnesses — the trial judge. The effect of the memories and flashbacks on this plaintiff's human development was uniquely conveyed to the judge who observed [the victim] detail the memories and flashbacks he endures. The degree of those emotional harms are not well captured by a written record, and we cannot say from this vantage point that the trial judge was in error in awarding $250,000 to one who has suffered, and will continue to suffer, substantial emotional harm."

Findings Issue

"The [defendant] also presses as error the trial judge's failure to make written findings of fact. A District Court judge sitting without a jury is ordinarily not required to make findings of fact. Within its discretion, '[t]he court may find the facts specially and state separately its conclusions of law thereon.' (citation). While a trial judge could be required to make written findings if he had denied defendant's requests for rulings of law or had declared them to be immaterial to the facts as found, (citation), in this case the judge allowed each of defendant's four requests for Conclusion of Law as correct statements of law. Accordingly, the trial judge acted within his discretion by not making written findings of fact.

"Trial Court's judgment and award of damages are affirmed."

D.L., et al. v. J.B. (Lawyers Weekly No. E103-7 pages) (Kane, J.) (Southern District) Case heard in the Quincy Division by Lewis L. Whitman, J.; Stephen W. Murphy for the plaintiffs; Robert H. Gaughen, Jr., for the defendant.

SEXUAL ASSAULT ON CAMPUS:

What Colleges Can Do.

Aileen Adams and Gail Abarbanel

August, 1988

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The Legal Responsibility of Colleges in Sexual Assault Cases

Recent cases in which large monetary damages were paid to students who were sexually assaulted on campuses involve colleges from all parts of the country *(Perspective,* 1986; Institute for the Study of Sexual Assault, 1985). Some examples follow:

The College of Charleston reached a $225,000 settlement with a former student who was beaten and raped in her dormitory room. Three other defendants in the suit also settled with the student for undisclosed amounts. A state investigation of the incident revealed that the college's security force had serious deficiencies in training, manpower, equipment, and morale.

The Massachusetts Supreme Court upheld a $195,000 verdict in a case brought by a freshman at Pine Manor College who was led at knifepoint from her dormitory and forced into an unlocked dining hall, where her assailant raped her. At the time, Pine Manor's security force consisted of two guards who were responsible for the entire 75-acre campus and its 29 buildings.

After a jury verdict of $217,500, the State of California reached a settlement for $210,000 in a case where an unknown assailant assaulted the victim in a law school rest room and forced oral copulation on her.

A woman waiting for her boyfriend in her car late at night in a parking lot owned by Howard University was abducted at gunpoint and raped and robbed by three assailants. She received a settlement of $150,000 from the University. Subsequent to the assault, the University significantly improved security at the parking lot by installing high-illumination light fixtures, fencing the lot, and employing a permanent security guard at the gate.

As more and more women become victims of sexual assaults on college campuses, the number of lawsuits against the institutions at which the assaults occur is likely to increase dramatically. Although these so-called "third-party" suits are an evolving area of the law, recent cases indicate that courts are recognizing emerging institutional responsibilities.

A review of legal cases and the literature indicates that courts generally have considered the following questions in determining whether a university is liable for a sexual assault committed against a student on campus:

- *Was the assault foreseeable?*
  In evaluating foreseeability, courts are likely to review evidence of previous incidents on campus and consider whether the assault took place in a location where crimes have occurred or are likely to occur.
- *Are the security measures utilized by the campus reasonable under the circumstances?*
  Courts are likely to evaluate whether the campus took reasonable security measures such as adequate numbers of security guards, effective locks on doors, sufficient lighting, and prevention programs to meet its custodial responsibilities.
- *Did the campus warn students of known dangers?*
  Many suits are alleging—and courts are upholding—causes of action based upon negligent misrepresentation by the college or university that the campus was reasonably safe and that no unusual steps needed to be taken to ensure safety from violent assaults. As courts consider the question of misrepresentation, the implication is that those schools that do not advise students of known dangerous situations may run the risk of increased liability.

- *Did the campus meet the standards required of landlords if the student was attacked in campus housing?*
  Since many campus assaults occur in student dormitories or other housing provided by the university, facilities may be held to the standard of care required by each state in landlord-tenant cases. In recent years, the landlord-tenant relationship has given rise to liability under circumstances where landlords have failed to take reasonable steps to protect tenants from criminal activity. Across the country, landlords have been held liable for not informing tenants of known dangers, not providing adequate locks and lighting, and misrepresenting safety conditions.

The following two cases from different parts of the country exemplify some of the major issues that courts have considered in evaluating liability:

In *Miller v. State*, 62 N.Y. 2d 506, 478 N.Y.S. 2d 829 (1984), a 19-year-old junior at the University of New York at Stony Brook was raped by a man wielding a butcher knife who gained access to the victim's dormitory through several unlocked doors. The Court of Appeals of New York found sufficient evidence that "the State's failure to lock the outer doors was a breach of the State's duty and a proximate cause of the rape." In this case, substantial evidence of previous incidents indicated that there was a reasonably foreseeable likelihood of criminal intrusion into the dormitory. The Court also addressed the role of the State as landlord, indicating "a landlord has a duty to maintain minimal security measures, related to a specific building itself, in the face of foreseeable criminal intrusion upon tenants."

In *Peterson v. San Francisco Community College District*, 36 Cal. 3d 799, 205 Cal. Rptr. 842 (1984), an assailant jumped from behind "unreasonably thick and untrimmed foliage and trees" and assaulted and attempted to rape a student in the college's parking lot. The California Court of Appeals held that the community college district had a duty to protect students from reasonably foreseeable assaults and could be held liable for failing to trim foliage and for failing to warn students of danger. The institution was aware of similar crimes in the same location. The court noted the special relationship that exists between student and university:

> In the closed environment of a school campus where students pay tuition and other fees in exchange for using the facilities, where they spend a significant portion of their time and may in fact live, they can reasonably expect that the premises will be free from physical defects and that school authorities will also exercise reasonable care to keep the campus free from conditions which increase the risk of crime.

One commentator has noted a decided shift toward a victim-oriented approach in tort cases, with the public having a right to expect a certain standard of conduct from those with whom they have a special relationship, such as a landlord (Hodel, 1979). If this trend continues, the risk of college liability is likely to increase unless campuses take strong preventive action.

While the cases cited above do not involve the most common form of criminal assault on campus—acquaintance rape—it is easy to foresee situations in which campuses might be held liable for acquaintance assaults, given their frequency or "foreseeability" *and* the failure of most campuses to publicize the possibility of this kind of rape and institute effective prevention programs. Because of the special relationship between colleges and their students, colleges have a responsibility to protect students from and warn them of all known risks to their safety.